Clinical Lecture
ON A
CASE OF FIBRO-PLASTIC TUMOUR
SPRINGING FROM THE SHEATH OF THE POSTERIOR TIBIAL NERVE; AMPUTATION AT THE KNEE-JOINT.

Delivered at University College Hospital.

BY PROFESSOR ERICHSEN.

GENTLEMEN,—I wish to direct your attention to a case of tumour in the leg, in which amputation was performed a few days ago. The case is interesting both as regards the nature of the tumour and the principles of practice involved in the treatment.

G. G——, aged thirty-two, gardener, was admitted on December 28th. He stated that his general health was good. Sixteen years ago he sustained a fall; he says there was no fracture. Since then a small, sharp, hard tumour came on the inner side of the head of the right tibia. Four or five years ago the lower part of his right leg and the sole of his foot became painful and tender, with shooting pains. About two and a half or three years ago the limb began to enlarge very slowly. Two years ago, at St. George's Hospital, a grooved needle was inserted. His general health has not suffered, but he has felt nervous. His work has not been laborious. The limb has enlarged a little more rapidly of late, he thinks, and has become very tender. The circumference of the limb over the tumour is eleven inches, that of the other leg being ten inches. It is very tender, but there is no redness or œdema. The tumour seems continuous with the inner edge of the tibia; it is of firm consistence. The swelling of the calf ceases abruptly, and just below it is the tumour. The patient limps in walking. At night there is pain, especially after walking. About an inch and a quarter from the inner edge of the tibia a large artery is felt pulsating; it runs in the axis of the limb nearly parallel to the tibia, but at the lower part of the tumour, with a slight inclination towards that bone. On compressing this artery strongly pulsation in the posterior tibial at the ankle is arrested. There are no large veins over the tumour; it is elastic, almost deeply fluctuating, and very sensitive when touched. On pressing behind the pulsating vessel the patient complains of very considerable pain.

Dec. 31st.—Occasionally he feels an increase of the shooting pain, followed and relieved by sweating of the foot. A liniment consisting of extract of belladonna (one drachm) and glycerine (two drachms) was ordered.

Jan. 4th.—The patient being placed under chloroform, an exploratory incision was made to the inner side of and parallel with the tibia. The tumour was found to be solid, and with such deep attachments that interference with it was impossible except by amputation. This was deferred, the patient not having been prepared for it. The wound was dressed antiseptically.

During the next few days he was feverish, with some vomiting. An ounce of the bismuth mixture used in this hospital was ordered to be taken when the sickness came on, and one minim of ipecacuanha wine in water every hour while the sickness lasted.

9th.—Yesterday his temperature was 103·2°. He felt very hot, with headache and no appetite. Epistaxis came on. Last night he slept, following a morphia injection. His tongue is covered with a brown fur, and is very dry. Temperature 102·2°; pulse 104. The leg and foot are very œdematous. There is no discharge from the wound, which shows some granulations. A purgative and saline ordered.

11th.—No more sickness. Tongue brown and rough, except at the edges and tip. Temperature 103°; pulse 100. Ordered tincture of aconite, one minim every half-hour for three hours, and then every hour for three hours.

12th.—There is less feverishness; tongue less brown. Temperature 100·6°; pulse 104.

14th.—Patient feels much better. Temperature 99·5°. The tongue is less coated.

16th.—There is some suppuration from the wound, not apparently deep; also a little œdema of foot.

17th.—Still a small amount of suppuration. The antiseptic dressing discontinued.

19th.—There is a continuation of the discharge, coming from the deeper parts. There is also some swelling and fluctuation on the outer side of the leg near the ankle. Mr. Bell, the house-surgeon, made a transverse incision just behind the ankle, and let out a good deal of pus.

The suppuration continued for the next few days, diminishing on the 23rd. The patient was told that nothing could be done for his leg except amputation.

25th.—The patient being under chloroform, I amputated at the knee-joint by a long anterior and a short posterior flap. The patella was preserved in the anterior flap. The hæmorrhage was not great. About twenty vessels were ligatured. The edges of the flaps were brought together by nine silver-wire sutures, but the lowest part of the wound was left open for draining. The wound was well syringed out with carbolised water, and then lint soaked in it applied over the whole. Pieces of strapping were placed transversely above the patella to keep it down. Before operating, I found a small abscess on the outer side of the leg at the flexure of the knee; it was opened, and found to be quite local.

27th.—Tongue dry; thirst; nausea; redness and tenderness over surface of anterior flap. Water dressing was ordered, and a mixture composed of five grains of citrate of iron, twenty grains of bicarbonate of potash, five grains of carbonate of ammonia, and ten minims of spirit of chloroform, in an ounce and a half of water, to be taken every six hours, with fifteen grains of citric acid.

28th.—The redness and tenderness slightly diminished. There was slight suppuration. He vomited last night. He has less nausea this morning, and much less thirst. The bowels have not been open for four days.

30th.—At 9.30 A.M. there was hæmorrhage from the stump; the application of a tourniquet stopped it, but it recurred; the tourniquet was tightened, but the flow of blood persisted, and altogether about eight ounces were lost. At 10.30 A.M., the patient being under chloroform, the sutures were removed, the flaps cleansed of clots, and two bleeding points tied, one being apparently the popliteal artery. A quantity of pus was evacuated from the front of the femur, and it was found to burrow up the thigh. A probe was passed up, and a large counter-opening made down to it. The flaps were sponged with carbolised water, and the sides brought together by wire sutures, the most dependent part being left open. He sweated profusely afterwards, and his pulse was almost imperceptible. His bowels have not been opened yet.

From this time the progress of the patient towards recovery was satisfactory, although slow. I need not trouble you with the details, but suffice it to say that he left the hospital well in about two months.

The history of this case, then, was briefly this:—About four years ago the man began to suffer pain in the leg. There was not much inconvenience till two years and a half ago, when there was evidence of a tumour. When admitted there was a tumour occupying the posterior and lower half of the leg below the calf.

The important point was to effect the diagnosis of the tumour. And this had to be done in two directions—first, as regards its anatomical relations; and, secondly, as to its nature, in order to determine the course to be pursued. It was obviously obscure in both these respects. A grooved needle had very properly been introduced some two years previously, but this had revealed nothing. The tumour, therefore, was probably solid. It felt exceedingly elastic, so as almost, but not quite, to give a sensation of fluctuation. It was like a collection of very thick fluid enclosed in a dense cyst, or a loosely structured and infiltrated tumour, elastic from this infiltration, and almost giving a sensation of undulation. It was evidently simple, not malignant. It had grown slowly for two or three years, and had not yet attained any very considerable bulk. The tumour, then, was probably either a soft solid or a thick fluid. It was certainly of a simple character.

The next point was to determine its relations. On examining the tumour attentively, a large artery was seen

passing over it, one inch to the posterior side, and parallel to the inner edge of the tibia. This artery, from its size, force of pulsations, and from the fact that pressure on it arrested pulsation at the back of the ankle, was the posterior tibial. Behind this, much pain was elicited on pressure, running down the limb and into the foot, but chiefly at the point compressed. This was evidently due to pressure on the posterior tibial nerve. It was evident that both artery and nerve had been displaced from the middle to the inner side of the limb, being thrust inwards and rendered subcutaneous by the tumour's growth in that direction These circumstances throw much light on the deep relations of the tumour. It was evident that it must have grown, not only deeply beneath these vessels, so as to have carried them towards the surface, but also that it grew from the outer side of the limb. It is plain, therefore, that the tumour was more connected with the fibular than the tibial aspect of the limb. On examining the limb on the outside, no enlargement could be perceived there, and the outline of the fibula was clean and smooth. It was obvious, therefore, that if the tumour grew from bone, it grew rather from the tibial side of the fibula than from the other side of it. But it was, to say the least, doubtful if it grew from bone at all. I said in the ward that it felt to me much like a tumour I had sometimes felt in connexion with the deep muscles or tendons; originating, perhaps, as a ganglion, but eventually becoming malignant. It was more like one of those than anything else. I supposed that it had grown from one of the deep muscles.

To clear up the nature of the tumour, I determined to make an exploratory incision. A little more than three weeks ago I cut down upon the back part of the tumour, behind the structure that I conceived to be the posterior tibial nerve, parallel to the inner edge of the gastrocnemius. The finger could be passed for some considerable extent behind the tumour, but the growth could not be enucleated. I could not make out its exact relations, which were very close to, and apparently inseparable from, the nerve and artery; so I left it, closing the wound with carbolised dressings. An abscess formed on the outer side of the limb, in consequence of some subcutaneous infiltration. It was evident that we had to deal with a slowly growing tumour in the lower third of the leg; but it was doubtful if it was connected with bone. As the patient's sufferings were severe and continuous, as he was utterly incapacitated for work and had been so for many months, and as the tumour could not be separated from the artery and nerve so as to be enucleated, I thought it wiser to amputate.

In discussing the kind of amputation I preferred amputation through the knee, rather than through the tibia and fibula. And why? For two reasons. First, although I thought it very doubtful that the tumour was connected with the fibula, I could not be certain that it was not. I was anxious not to leave a portion of a bone connected with a morbid growth, for I consider it to be unwise to amputate through a bone from which a tumour springs; there is apt to be infiltration of the medullary structure; and, if so, the disease will speedily recur in the sawn end of the bone in the stump. Secondly, supposing that the tumour did not grow from the bone, but from muscle, it has been shown by Mr. Teevan that it is of importance to remove the whole of the muscle from which the tumour springs. If not, there will be infiltration of morbid matter in the belly of the muscle, and there will be speedy recurrence. In fact, I was anxious to be sure of going clear above the bones and the deep flexor muscles of the leg. One must look to the future as well as to the present, and, above all, avoid the chance of early recurrence. Amputation was accordingly practised through the knee, in the manner to be presently described.

After the operation the limb was carefully dissected by Mr. Beck. The tumour lay imbedded in the long flexor of the great toe. This was expanded over it like a capsule. The tumour was about the size of a large goose's egg (three to four inches by two and a half). On prosecuting the dissection, it was found to spring from the sheath of the posterior tibial nerve, and that this sheath was completely involved in it for about three inches on the fibular aspect of the nerve. The posterior tibial artery was tightly stretched over the tumour, and the sheath of the vessels was so closely incorporated with the tumour that the artery was unavoidably torn across in the dissection. The nerve was enlarged and rounded all the way up the limb. Here, then, was a tumour springing from the posterior tibial nerve, with the flexor longus pollicis expanded over it so as to encapsule it. It could not have been removed. An attempt at extirpation would have led to division of the artery and removal of several inches of the nerve, so that the limb would have been rendered paralytic and useless. Amputation, therefore, was the proper course to pursue.

The tumour was quite smooth, and scarcely lobed on the surface. On cutting into it, it was seen to be of a bluish-grey colour, smooth, uniform, semi-transparent, œdematous, and infiltrated to a certain extent. Under the microscope it had all the characters of a rapidly growing fibro-plastic tumour. It was carefully examined by Mr. Beck. The cellular predominated over the fibrous elements, showing that it was rapidly growing at the time of removal. It was much the same kind as that very large one I removed from a woman's axilla some time ago. The growth is an extremely interesting specimen of a large fibro-plastic tumour growing from the sheath of a large nerve. Separation of the tumour from the nerve itself after removal of the limb was impossible, though no fibrils of the nerve were actually involved.

And now for a very few words about the operation itself. *Amputation through the knee-joint* is one of those operations which has seen much fluctuation in surgical estimation. It is one of those operations that, although there may be many *a priori* arguments in its favour, has some practical difficulties attendant upon it, which render the propriety of its employment sometimes doubtful. In this instance I chose it so that I might remove all the bones possibly implicated.

In amputating through the knee-joint you have a choice of three methods: 1st, by a long anterior and a short posterior flap; 2nd, by a long posterior and a short anterior flap; 3rd, by lateral flaps. As a general rule, the operation by the long posterior and short anterior flaps is not a good one. You have a large mass of fleshy substance which has to be brought up over the condyles, and kept there contrary to gravity, tending all the while to fall away. The operation by lateral flaps has been introduced of late years by an American surgeon of the name of Smith. I have had no experience of this method, which is spoken well of by the author. There is much tissue available for the purpose at the sides of the joint. I discarded both these, for, independently of the reasons just given, I wanted to remove all the affected muscles possible.

In performing this amputation, proceed in the following way:—Enter the point of a short broad-bladed amputating knife to one side of the joint: the fibular, if it be a left leg; the tibial, if it be a right. Carry the knife downwards for about four or four and a half inches by the side of the fibula or tibia. Then bring it straight across the limb, just rounding the angles, and carry it to the corresponding part on the opposite side. Dissect up the flap, turning up the patella with it. Open the anterior part of the joint. Bend the joint forcibly. Divide the lateral and then the crucial ligaments. Put the knife behind the limb. With a determined sweep of the knife cut inwards to the bone, making a short posterior flap. You then detach the limb readily at the knee-joint. The only large vessel to tie is the popliteal. You have several articular branches, which may be enlarged, but are readily tied. Then lay down the flap over the exposed surface of the condyles, and attach the flaps together.

There is one question of practical interest in this operation. It is this: Should you leave the patella in the anterior flap or not? I have performed the operation both ways, and I think that there is an inconvenience in both. The method to be adopted in any case must be a compromise of these inconveniences. If you dissect out the patella, you thin the flap so much in the middle that it is apt to slough. I have seen this happen more than once when the patella has been dissected out with all care. If you leave the patella, what will happen? The circumstance that has occurred in this case. You are apt to get an accumulation of inflammatory and synovial fluid above the patella, from the large synovial surface there, which is apt to run into pus, forming a large abscess above the patella, under the extensor muscles of the thigh, and which, as in this case, will require an incision for its evacuation. Of the two, the inconvenience of the latter is the least; and I therefore prefer leaving the patella. It might, perhaps, be

prevented by what I should adopt in another case of this sort—viz., by introducing a drainage-tube into the synovial sac above the patella, and bringing it out between the flaps. What is the advantage of leaving the patella? Is there any positive advantage in doing so?—anything beyond the negative advantage of not thinning the flap? I think there is, and it is this: you get after the operation a more solid stump. The retention of the patella gives the patient a natural knee to rest upon. You get for this purpose a portion of the body intended by nature to bear pressure, and on this the pressure is more conveniently carried.

There is yet another question in these amputations at the knee to which I will briefly allude. Should you leave the cartilaginous surfaces of the bones or remove them? Some surgeons practise one, some the other plan. I think it does not signify much which you adopt. I have sawn off the articular surfaces both of patella and condyles, and thought that some advantage was gained in readiness of union. But whatever advantage is thus gained by bringing cut osseous surfaces together, there is also one disadvantage—viz., that you open the cancellous structure of the bone, and so there is risk of osteo-pyelitis. Upon the whole, therefore, I think it is more advantageous to leave the cartilaginous surfaces than to subject the patient to the increased risk of pyæmia by removing them.

ON THE

TREATMENT OF SMALL-POX.

A Lecture delivered at the Homerton Fever Hospital.

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IN the mild variety of small-pox treatment is not of importance. "*Il ne faut que demeurer en repos.*" The patient should be kept in bed until crustation is completed, should be fed on light and easily digestible food, and should have his linen changed daily and fresh cool air in abundance. No drugs will be required, except perhaps a purgative pill or a little castor oil. In the black small-pox all treatment is useless, and our efforts should be directed simply towards palliating the patient's sufferings. Cold water will probably be most grateful, and that ought to be given freely. An egg beaten up in a little whisky-and-water will relieve sensations of exhaustion, but beyond this our art is powerless. Large doses of stimulants are simply wasted. In the severe or confluent small-pox, however, treatment is of the highest importance. Here our management will sometimes determine the result. The patient should be placed in a large well-ventilated room, a room with opposite windows if possible, and these should be kept open by night and by day and in all seasons. If the weather is very cold, keep a good fire in the room, and let the patient have an extra blanket, but keep the windows open; and if the weather is mild, treat the patient absolutely in the open air. Nothing is of so much importance as pure air, and that in unlimited quantities. In this hospital we have kept our windows open constantly by night and by day throughout the months of February, March, April, &c.; and this has been attended with the very best results, for our mortality is the lowest of all the small-pox hospitals in London, and we were receiving our patients from the same sources, and some time before the epidemic reached its height. Including every death, our mortality is only 14·6 per cent.; and if we were to strike off those who died of sequelæ, and those who died six, twelve, and twenty-four hours after admission, it would be considerably less. Up to July 22nd the mortality in the different hospitals has been as follows:—Hampstead, 19·1 per cent.; Stockwell, 17·6; Homerton, 17·1; Mrs. Gladstone's Small-pox Hospital, 17·1; Stockwell Fever Hospital, 15·5; Homerton ditto, 14·6.

The patient's bed may consist of feathers, or a hair or flock mattress; and there ought to be two beds in the room, in order that the patient may be changed from one to the other, and the bed made—a matter of great comfort to a sick person. The sheets ought to be of the finest and softest material. The coverings should be light, and all curtains should be removed. The room ought to be absolutely cleared of rugs, carpets, cushioned chairs, wardrobes, pictures, and everything which might harbour a particle of dust or a small-pox scab. Secure two competent and efficient nurses, one to act by day and the other by night, and remember that, usually, relatives make bad nurses. Inquire first about the bowels, and, as a rule, give a gentle purgative; but do not purge.

Do not place your patient on low diet. That a patient about to undergo the exhausting labour involved in an attack of small-pox should be starved is, in my opinion, of all medical absurdities the most absurd. Your patient will not be able to take food in the same form as in health, but he must and should have the same in quantity, if not indeed more, although in a different form. Let your patient then have milk in abundance, as many raw eggs beaten up with a little whisky as can be stuffed into him, beef-tea, arrowroot, sago, tapioca, &c. Ordinary tea and coffee, of moderate strength, you will find pleasant stimulants, and these should be given, remembering, however, that if given in too large a quantity they have a tendency to prevent sleep. To relieve thirst, cold water is usually the best and the most pleasant to the patient, and he ought never to be refused this. You will find, however, amongst some nurses and patients' friends a decided objection to giving much cold water. Always combat this notion. There is nothing more pleasant to a parched mouth and a dry tongue than pure cold water. Effervescing drinks, such as lemonade, soda and potash waters, are very refreshing.

For heat of skin the patient may be sponged with tepid water two or three times daily. Indeed, in all cases of small-pox the whole body should be sponged daily. If there be restlessness or sleeplessness, the following, repeated in half an hour, if needed, will be found of great service:—Tincture of opium, fifteen minims; spirit of ether, fifteen minims; camphor water, one ounce. Or, what we have often found to succeed when drugs proper failed, was two or three ounces of whisky in warm water, and a little sugar. Of course the dose must be modified according to age and sex; but in restlessness, sleeplessness, and delirium we have found this latter most useful. In the early stages, with the last-mentioned exception, avoid stimulants as a rule; but remember them about the tenth day, when the patient's powers will be taxed to the utmost. There is no special drug to be given; and I would advise you not to bother your patients much with mixtures. Feed them. If salivation be present, you had better let it alone; and be careful of giving sedatives, as the mouth and air-passages become more or less choked up with the saliva—a condition which would be very serious if bronchitis were also present. Soreness of the throat is always more or less troublesome. Oleaginous and mucilaginous drinks, and black-currant jelly, may be given as an amusement; but the only remedy is time and patience. Try the following, which we have found beneficial in this condition:—Tincture of perchloride of iron and glycerine, of each thirty minims: three times a day.

Towards the eleventh day look out for laryngitis; and when it occurs wrap a large linseed poultice round the throat, and keep it there, changing it three or four times in the twenty-four hours. Raise the temperature of the room, and surround the patient with an atmosphere of steam. Avoid antimony, mercury, and such like; and do not exhaust your already exhausted patient with emetics. I suppose I need hardly caution you against bleeding. Warmth, steam, feeding, and some stimulant are in my opinion the best and safest remedies. If the difficulty of breathing increases, and you perceive commencing exhaustion, perform tracheotomy at once, unless there be reason to believe that the patient will die of small-pox. If there be no reasonable chance of recovery from this a prolongation of a few hours is only a prolongation of human suffering. Still, one can readily imagine cases where prolongation of life for an hour, or even for a few minutes, might be of the greatest importance. Of three tracheotomies performed here one recovered.

Delirium is present in some stage of the disease in a considerable proportion of cases, and it requires very careful management. It is usually most violent and dangerous in the early stage of the illness. See that your patient is not

left alone for a moment, otherwise you may find him through the window, and on the street below. Delirious patients are very cunning, and watch anxiously for the absence of attendants in order to carry out their wishes. They bear contradiction badly, therefore see that the nurse does not oppose them, or argue with them. If a patient will get up, let him do so, and walk him about the room or into the staircase, and after that you will probably find him glad to get to bed again. Humour him always if you can, and do not treat him on the supposition that he is a poor stupid fool, for whom any kind of story will do. Remember that such patients are very cunning, and that their *reason* always remains intact. The objective world, as it presents itself to their consciousness, is distorted, but their reasoning on it is always sound. Always agree with your patients, therefore, and try to convince them that you are taking the necessary steps to accomplish what they wish, or to prevent what they fear. Try to discover the way in which the objective world presents itself to their consciousness, remembering that in the highly irritable condition of the nervous system present in delirium objects are far more vividly conceived, and produce a much stronger impression than they do in health. If your patient thinks he is going to be murdered, and that his nurse is in league with someone for this purpose, do not try to convince him to the contrary. You will only irritate him, and produce a conviction in his mind that you are in league with his enemies. Send away the nurse; put your patient into another room; command absolute darkness and absolute silence, and in the majority of cases this will succeed. Beware of using force, or of tying your patient down. I have again and again seen slightly delirious patients driven frantic by this means. Patience, gentleness, and firmness will almost always succeed, but above all things gentleness. Remember you can never handle a sick person *too* gently, nor speak to one *too* softly. To a shattered or highly sensitive nervous system the slightest sound, the faintest light, the gentlest touch, are sometimes almost unbearable. If, therefore, a patient will get out of bed and walk about, will persist in throwing about his arms and legs, let him do so. It is far better that he should exhaust himself than himself and one or more attendants. Of course, if suicide is attempted in any form, force must be used; but proper nursing will never give an opportunity for an attempt of this nature.

The prevention of pitting has exhausted the ingenuity of all who have thought about it. To assist in preventing this deplorable result, common olive oil should be used; but all means employed for this purpose fail where most wanted. In the severe cases nothing will prevent pitting; and I would not advise you to try any of the ordinary methods. To use nitrate of silver effectively in confluent small-pox would give rise to so much irritation as to endanger the patient's life. The famous emp. Vigo is, in my opinion, humbug. Tincture of iodine, calamine, with olive oil, sulphur ointment, &c., have been employed with more or less success as the practitioner has argued *ergo propter* or *ergo post*. I believe you will only annoy your patient by using them.

About the eleventh day you may find diarrhœa troublesome; but I would not advise you to interfere with it unless it is excessive or clearly weakening the patient. A little castor oil may be necessary; and in most cases I should prefer to try this first, as patients are usually constipated in the earlier stages of small-pox, and diarrhœa is sometimes an indication of the presence of irritating substances in the intestine. If castor oil fails, try the following:—Dilute sulphuric acid, fifteen minims; tincture of opium, five minims; water, one ounce: four times daily. Along with this may be given a starch-and-laudanum enema, with fifteen, twenty, or thirty drops of the latter, according to the age. This will succeed in the majority of cases; but when it fails, recourse must be had to the more powerful astringents. See that your patient is not taking too much whisky, as that sometimes causes diarrhœa.

Just about this period bronchitis, by itself or with pneumonia, may arise. Wrap your patient's chest in a blanket or in cotton wool; and if you think he requires a drug, the following is a good one:—Carbonate of ammonia, five grains; spirit of chloroform, fifteen minims; tincture of squills, ten minims; infusion of senega, one ounce: every three, four, or six hours.

Stimulants may now be useful. We avoid rules on this subject. In short, we always think more of the person, his history and constitution, than of the disease. In other words, we treat a *person* in a diseased condition, and not merely a disease. I will not speak very dogmatically on the question of alcohol; but I am quite sure that, in large doses, it sometimes does well. In small doses, such as an ounce or two, to help a raw egg down, or with a little hot water to produce sleep, it is always useful; but I think that in some cases it actually determines recovery. Ordinary physiological rules, coupled with the age and habits of the patient, must be the chief guide. If he has been accustomed to his daily or nightly glass, by all means let him have some stimulant all through.

The most hopeless of complications or sequelæ is pleurisy. We have employed with some success the following treatment: tincture of iodine painted over the affected side; cotton-wool wrapped round the chest and throat; a mixture containing fifteen minims of tincture of muriate of iron and thirty minims of spirit of nitric ether, in an ounce of water, three times daily; with stimulants in moderation, and good feeding. Always feed, whatever may be the complication. Erysipelas requires simply feeding and tonics; as local applications we have invariably used fine flour and poultices. We have only had one fatal case.

With regard to abscesses, early opening, tonics, feeding, and stimulants should be the treatment pursued. The following is an admirable tonic: two grains of sulphate of quinine, twenty minims of tincture of muriate of iron, and fifteen minims of spirit of chloroform, in an ounce of water—thrice daily.

Crusts should not be allowed to remain about the nostrils and mouth, where they poison the air which the patient must breathe. They should be carefully removed as they form, and a stream of carbolic acid lotion kept running over the part which is being removed. Air cannot pass over decomposing fetid matter without being more or less contaminated, and I believe this source of contamination is not sufficiently recognised. Always remove scabs under which pus is forming; and at this period see that your patient is bathed, which, if properly managed, may be done without producing exhaustion. It greatly adds to a poor creature's comfort to have a quantity of stinking matter washed away. A little carbolic acid may be put in the bath.

When the patient begins to convalesce, and also for some time during convalescence, he is often irritable, and generally uncomfortable. In this condition we have found the following very useful: dilute sulphuric acid, fifteen minims; tincture of opium, five minims; water, one ounce—three or four times daily. It relieves irritation, soothes the mind, and helps on the appetite.

Be particular throughout that your patient's linen is frequently changed. In some cases this may be an hourly instead of a daily necessity. Also see that he does not always lie upon his back, but that he is frequently changed, so as to avoid too constant pressure on particular parts. In severe cases procure a water bed at once. By good nursing, let me repeat, almost all bedsores might be prevented, and to their prevention we ought to look most carefully. Do not believe your nurse that your patient is dry and all right; look for yourself and see. Receive no information from nurses or friends which you may acquire from your own observation. Accept nothing on credit which you can see for yourself.

For hæmorrhages from the mucous surfaces there is no special treatment. If it is severe, add to your stimulant, and take care that your patient does not get out of bed to stool. Indeed, in severe small-pox, you should never allow your patient out of bed to stool after the seventh day of the disease. Insist on the bed-pan.

Orchitis, gonorrhœa, and arthritis sometimes require warm poultices and mild astringent lotions, but these are usually sufficient.

Such is the treatment we have employed. To sum up: air, cleanliness, feeding, stimulants in moderation, sedatives, and tonics are, we believe, the best treatment for small-pox.

One important question may be here answered—viz., when a small-pox patient may be considered free of danger to his neighbours? This, in reference to the public, is a most important question, and one which requires an accurate answer. We have thought over this very carefully, and we believe that we have arrived at an unassailable conclusion. It is a truism to say that a healthy man cannot

give to another a contagious disease; for the question at issue is, when and how a person may be certainly recognised to be in a state of health. Now, you know the ordinary signs of health: a certain temperature, or rather range of temperature, a quiet pulse, a clean tongue, a clear mind, &c. When you find these conditions in a small-pox patient he is in a state of health. But—and this "but" is very important—certain products of disease remain for an indefinite time attached to the body. These are the scabs, and the scales which follow them. When these are quite gone, your patient well washed, and clean clothing put on, you may send him anywhere without let or hindrance. The practice here has been that, as a patient is ordered out of bed, he has a bath, and this is repeated every second day until he leaves the hospital. It facilitates the removal of the scabs. No person has ever been sent out of this hospital with a small-pox scab or scale.

I have but a word to say about children's heads; they are most aggravating. Shave, poultice until removal of the scales, then use tar or oxide-of-zinc ointment, the former being preferable, and give the following:—Cod-liver oil, one drachm; iron wine, two drachms: three times daily.

ON EXCISION OF THE KNEE-JOINT AND THE CONDITION OF REST NECESSARY TO BE MAINTAINED.

BY WM. KNIGHT TREVES, F.R.C.S. EXAM.,
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THERE is, perhaps, scarcely any operation whose merits have been so differently estimated by various surgeons, or which has been so lauded on the one hand and so depreciated on the other, as excision of the knee-joint. Whilst some surgeons have the highest opinion of the operation, and almost invariably resort to it in cases of incurable knee-joint disease, others look on excision with coldness and mistrust, and, if they do not discard it altogether, resort to it only at the last extremity, and, as it were, under protest.

Nor is this wide difference in the estimation in which the operation is held difficult to account for; on the contrary, it is probable that these opposite views are justified by experience, and that the opinion of any individual surgeon is drawn from observation on the result of his own cases or those of his friends. Now, this is what I wish to indicate—namely, that in actual fact the results of the operation are, in different hands and under different circumstances, as totally opposite as are the opinions which are held of its value. One operator has good results and an almost uniform success; another, of perhaps equal skill and reputation, is just as unfortunate in his cases. This statement can be confirmed by anyone who will investigate the literature of the subject.

The operation itself being easy of execution and presenting no difficulties, it may readily be allowed that for all practical purposes it is as well performed by one surgeon as another. Also that, although the selection of suitable cases is of the utmost importance, it may fairly be presumed that the class of surgeons who usually excise joints are not likely to select improper cases, and that by far the greater majority of those excised are fit and proper ones for the operation.

What, then, is the cause of this difference in results in the hands of different operators? The answer is, that, although each surgeon may operate in much the same way, the same scrupulous care is not shown by all in preparing and applying the apparatus for ensuring rest, nor are equal trouble and pains taken by every surgeon in personally attending to the minutiæ of the after-treatment. I think I may assume as an axiom that the best after-treatment is that which ensures the most perfect rest, and that if an apparatus could be applied which would effectually prevent the sawn surfaces from receiving *even the slightest jar* from the time of the operation until union had taken place, this would be a perfect plan of treatment. Also I may fairly take for granted the converse of this—namely, that any plan of treatment which does not ensure absolute and perfect rest, with freedom from even the slightest occasional jar, during the entire period in which the bones are uniting, is not perfect; and that the further the treatment fails to produce this effect the more imperfect is that treatment. And still more, that any treatment which entails necessarily daily jarring of the sawn surfaces, and perhaps the removal and reapplication of the apparatus during the period of union, must be very imperfect indeed, and must militate much against the prospect of recovery with a useful limb.

I trust I am keeping within bounds when I express my belief that this perfect rest is not maintained in the great majority of cases operated on, that it is kept up by some surgeons more than by others, and that in proportion to the extent to which this principle of perfect rest is observed so is the success.

It is my belief that any movement or jar which causes even slight pain is injurious to the successful progress of the case, and that occasional jars, producing some amount of concussion of the bony surfaces, are in many instances the cause of unfavourable termination; and that, although some cases may and do come to a successful issue while subject to and in spite of these drawbacks, yet that this want of perfect rest is the main cause which operates against recovery. Thus too great care cannot be taken to prevent such movement. I have remarked cases very fairly put up, and which have afterwards done well, shrink on an approach to their bed or a heavy step across the ward; so that the pain and injury which must be caused if the splint has to be moved, or the limb otherwise jarred, should lead us to adopt the strictest precautions.

The dangers which imperil the perfect rest which it is desirable to secure are twofold: thus, they arise, firstly, during the performance of the operation and the application of the splint; and, secondly, after the patient's removal to bed and during the after-treatment. I will, as briefly as possible, enumerate what are some of the chief of these dangers, trusting that the points I may mention will not be considered trifling. Success in this operation depends more perhaps than in most others on the strict observance of those little precautions and cares which may appear to some as beneath their notice, and rather belonging to the province of the dresser or nurse.

Causes which arise during and immediately after the operation tending to produce injury of the surfaces.

1st. Injudicious sponging—excessive or too forcible sponging, which is likely to irritate and bruise the bony structure.

2nd. Too powerful use of the saw, or employment of the gouge to remove bone which may appear diseased after the surfaces have been sawn.

3rd. Closing of the wound before all hæmorrhage has ceased, and omission to secure all the small vessels.

4th. Want of care in the dresser or other person holding the limb after the excision while the splint is being applied or hæmorrhage arrested, whereby, from proper extension not being maintained, or other cause, the sawn bones are allowed to press or knock slightly against each other and the cancellous structure to be bruised.

5th. In cases where there has been some dislocation and consequent contraction of the flexors of the thigh, insufficient removal of bone, so that the sawn surfaces are drawn and pressed against each other by the shortened and contracted muscles.

6th. Incision not sufficiently dependent at the sides, so that bagging of matter may possibly take place, requiring subsequent opening and exposure to the risk of escape of matter into the splint.

7th. The flowing of blood into the splint at the time of its application, causing at a later period putrefaction and smell, and entailing the changing or purifying of the splint.

8th. In cases where a metal or other splint is applied, want of foresight and care in the padding and application of the splint, so that subsequent alteration or shifting is required, entailing a certain amount of movement. Thus, want of regard in making the splint comfortable to the patient and securing him against undue pressure on any particular spot, or in providing carefully against the tendency of the bones to become displaced in certain directions.

9th. In cases where sinuses exist either towards the posterior aspect of the limb or some little distance up the thigh or down the leg, the neglect of proper precautions to ensure that the discharge from the sinus or sinuses is not blocked or interfered with by the apparatus applied; also that there is no possibility of the matter finding its way into the splint, and thus causing foulness of the splint and necessitating its removal.

The above are some of the chief little mishaps and drawbacks which may occur during or immediately after the operation. They for the most part suggest their own remedy. The matter of keeping the splint clean is very simple, and only requires a little care. I have usually kept a piece of lint thickly spread with zinc ointment applied to each side of the leg below the incision. This dressing sticks closely to the limb as far as the narrow part of the splint, and is then turned outwards to the porringer, forming a sort of gutter; the blood or discharge will run over the zinc dressing, and is entirely prevented from getting into the splint.

With regard to the second point—namely, the dangers which imperil the patient's perfect rest after his removal to bed and during the after-treatment,—I think it is more than probable that many hospital surgeons are quite unaware of the interruptions their cases receive after leaving the table and remaining from visit to visit under the care of the dresser or house-surgeon. The dresser likes his case to look clean and trim for his surgeon, and reapplies bandages; the nurses change sheets; and between the two the patient may get rather more attention than is good for him. Take the case of a female patient whose leg has been put up in an ordinary excision splint (Fergusson's): the extension piece is not long enough to be of much service; and there is only room between the excised joint and as near the vulva as one can conveniently apply dressings for a few turns of bandage, which must not be too tight, on account of some little swelling which is likely to take place. Thus secured, the patient is removed by the porters, and she will be fortunate if the leg does not receive a fair amount of shaking in getting her to bed. We will suppose, as entailing the least amount of jarring on movement, that the leg is swung. Now whenever this patient uses the bed-pan, or has draw-sheets or other sheets changed—and of course these are daily occurrences,—the bones are jarred. And necessarily so, for the following among other reasons:—Every time the patient's buttocks are raised, the weight of the iron excision-splint falls to a great extent on the upper surface of the thigh by means of the bandage confining the thigh to the splint; the remaining weight of the splint resting on the swing at the foot or leg. Of course a careful nurse may raise the thigh-piece of the splint at the same time as the buttocks by the tape connecting it to the cradle; but nurses are scarcely likely to take this precaution, and if they do they will probably effect more harm than good from the difficulty of following the movement of the patient; besides, the raising of the splint and patient would be scarcely likely to be simultaneous. There is, unless guarded against, a drawback in the use of these splints when swung—which is, that, the foot being raised, the weight of the splint acts in pressing towards the hip, and, as this is a fixed point, the weight is exercised as a matter of course in pressing the sawn surfaces together.

I hope I have been able to point out some of the disadvantages under which cases of excision are often placed.

(To be concluded.)

ON AN EPIDEMIC OF RÖTHELN.

By ANDREW DUNLOP, M.D.,
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For the last six months, or thereabouts, an apparently infectious exanthematous disease has been prevailing in St. Helier's, which several of my *confrères* and myself at present consider to be rubeola or rötheln, though in many respects it does not correspond with the descriptions of that disease which have been published. The first cases occurred at the end of last or the beginning of the present year. The epidemic reached its height about two months ago, so far as I can judge; and it seems now to be declining rapidly. I first saw the disease about the beginning of the year, when I was frequently requested to see children on account of an eruption which had made its appearance, and which the parents suspected to be that of scarlet fever or measles. In these cases there was an eruption consisting of minute red dots or puncta, about the size of pin-heads, on the face, neck, trunk, limbs, and hands and feet. It was copious at the root of the neck, abundant on the chest and back, and more thinly scattered over the extremities and dorsal aspect of the hands and feet. Over the gluteal regions, and sometimes on the cheeks, and at the flexures of the joints, there was generally a red flush. As there was usually sore-throat, the disease at first sight had all the appearance of scarlet fever; but there was scarcely any constitutional disturbance, and the temperature was only slightly, if at all, raised above the normal standard. The eruption disappeared in three or four days, without the occurrence of any other symptom. Early in the spring a great many patients, children and adults, applied to me on account of an eruption which had suddenly appeared on the face, trunk, and extremities. They had no other symptoms of any kind, and said that they felt perfectly well. This eruption was the same in appearance as that I had seen on the children a month or so before, only I noticed that it varied in colour, being in some cases of a darker and in others of a lighter red. I also observed that in many places, especially on the face and extremities, three or four of the puncta had coalesced, forming an irregularly shaped patch.

I soon saw cases in which the eruption was accompanied by mild feverish symptoms, with slight elevation of temperature, or sometimes derangement of the digestive system. Some of these patients complained of sore-throat, and I then found that in the great majority of cases the velum, uvula, and fauces generally, were covered with a deep-red punctate eruption. Later, cases came under my notice where, in addition to these symptoms, there was injection of the conjunctivæ, lachrymation, coryza, and slight cough; sometimes, too, the pyrexia was well marked. The following cases will give an idea of the nature of the disease. The first is an example of the most common class of cases, where the eruption is unaccompanied by any marked constitutional disturbance; the other two were perhaps the most severe cases that came under my care.

CASE 1.—Miss F——, aged thirty, went to bed quite well on June 14th, 1871, but on waking on the morning of the 15th she found that her face and neck were covered with an eruption. I saw her the same forenoon, and found that on the face, neck, trunk, and upper part of the chest, and on the dorsal aspect of the hands and feet, there was a pale-red, punctiform eruption. It was most plentiful at the root of the neck, and was very faint on the hands and feet. The puncta were about the size of pin-heads, and in several places on the face and neck three or four of them were aggregated together, forming irregularly shaped patches. She did not complain of sore-throat, but on examination a dark-red punctate eruption was seen on the soft palate, uvula, and fauces. Tongue brownish, but moist; appetite fair; bowels regular; slight injection of the conjunctivæ and a little lachrymation, but no running at the nose; slight cough; pulse 80; temperature normal.

June 16th.—Pulse 84; temperature normal; eruption rather faded on neck and chest, perhaps more distinct on hands, and a little to be seen on limbs; lachrymation and injection of conjunctivæ now considerable, with swelling of upper eyelids. On the extensor aspect of the arms there is a slightly red papular eruption, apparently consisting of enlarged papillæ. Throat still the same. Feels well.

17th.—Eruption now very faint everywhere; a very little desquamation, in the form of minute scales, on the sides of the nose; eyes less suffused.

18th.—Eruption entirely gone. Throat better.

19th.—Eyes now clear, and coryza gone; no further desquamation.

CASE 2.—H. O——, aged eleven, felt sick and ill on the 14th of June, 1871, and in the evening he came home from school feeling chilly and complaining of sore-throat. I saw him on the morning of the 15th, and found that there was a rather dark red, punctiform eruption on the neck, chest, back, and hands and feet. It was most abundant at the root of the neck, over the anterior folds of the axillæ, and

in the groins. It was copious and distinct on the chest and back, but scarce and faint on the limbs and the hands and feet. On the cheeks and over the nates there was a deep-red flush. Tongue covered with patches of white fur. There was a deep-red punctate eruption on the soft palate and fauces; appetite bad; bowels opened twice on the 14th; has had running at the nose for the last fortnight; conjunctivæ injected; slight cough; pulse 112; temperature 100·2°.

June 16th.—Pulse 116; temperature 103·5°. Passed a good night. Eruption rather faded on trunk, but more distinct on hands, feet, and limbs; tongue denuded of epithelium, with prominent papillæ.

17th.—Eruption everywhere faint. Pulse 100; temperature 99·6°. Profuse perspiration yesterday afternoon.

18th.—Eyes much injected; upper eyelids swollen; considerable discharge from the nostrils. Eruption almost imperceptible. A little desquamation to be seen on the sides of the nose. Pulse 84; temperature normal.

19th.—Pulse 80; temperature normal. Passed a good night. Eruption now only to be seen faintly on the anterior folds of the axillæ. Papular eruption on the extensor surfaces of the arms. Eyes less injected; throat better.

20th.—Pulse and temperature normal; eyes natural; slight cough. On the anterior folds of the axillæ there is a number of dark-red spots, which do not disappear on pressure. Except these spots, no eruption visible anywhere. No further desquamation.

23rd.—Has been doing well since the 20th. The spots on the axillary folds have now disappeared. No desquamation visible; but on rubbing the chest the cuticle peels off in small rolls.

25th.—Much better. Slight desquamation here and there on the neck and chest.

CASE 3.—A. O——, aged eight, a brother of the last patient, complained of sore-throat on the 16th of June, 1871. I saw him on the 17th, and found the uvula swollen and a dark-red eruption on the soft palate and fauces. There was a slight red flush, with commencing spots, just perceptible at the root of the neck. Tongue slightly furred; appetite fair; bowels regular; eyes rather glistening and watery; no coryza. Pulse 80, irregular; temperature 99·4°.

June 18th.—Passed a restless night. There is now a bright-red punctate eruption on the neck, chest, back, upper arms, and face. On the cheeks there is a red flush. In many places on the chest a few of the puncta are run together, forming irregular patches. The eruption is scarce and faint on the forearms. Throat rather better. Pulse 88, regular; temperature 100°.

19th.—The eruption is now abundant on the upper arms, and rather less so on the thighs. It is also more plentiful and more distinct than yesterday on the forearms and hands, where it is of a pale-red colour. There is none to be seen on the legs or feet. There are red flushes over the nates and at the joints. On the arms there are many aggregations of a few of the puncta into irregular patches. Eyes the same—glistening, but no injection of the conjunctivæ. Pulse 108; temperature 100·3°.

20th.—Eruption now well marked on the legs and feet, and growing faint on the trunk and upper arms. On the legs and feet many patches of aggregated puncta. Conjunctivæ injected, with lachrymation and running at the nose. Under lip swollen. Pulse 104; temperature 102·2°; appetite fair; bowels regular.

21st.—Eruption now very faint on the trunk, except on the anterior folds of the axillæ. It is still distinct on the hands. Eyes less injected; throat better. Slight desquamation at the sides of the nose. Pulse 88; temperature 99·8°.

22nd.—All traces of eruption gone except a few dark-red dots, which do not disappear on pressure, on the anterior axillary folds, and here and there on the chest. Itching all over the body. Pulse 72; temperature 99·2°.

23rd.—Conjunctivæ still a little injected, and throat red. No further signs of desquamation. Pulse and temperature normal.

26th.—Doing well. There are a few traces of desquamation on the neck and upper part of the chest. Eyes natural and throat well.

I regret much that the urine was never examined in these cases.

When the epidemic was at its height, it prevailed most extensively at St. Helier's, passing through a great many families, and breaking out in most of the schools. The principal of one of the schools told me that while the disease was prevalent in his establishment one of his ushers left for London in perfect health, and that five or six days afterwards he found himself covered with the eruption.

Jersey, June, 1871.

CONTRIBUTION TO OBSTETRIC MEDICINE.

BY ROBERT BELL, M.D., L.R.C.S. ED.

CASE OF PUERPERAL CONVULSIONS, ILLUSTRATING IN A MARKED DEGREE THE EXPEDIENCY OF EMPTYING THE WOMB AS EARLY AS POSSIBLE.

MRS. W——, a strong, healthy woman, eight months advanced in her second pregnancy, was up to March 2nd feeling quite well, with the exception of having experienced a considerable amount of pain in the lower part of the back. The gravid uterus was unusually high up in the abdomen, quite filling up that cavity and pressing considerably on the thoracic viscera. There was no œdema in any part of the body, neither was the patient drowsy or uncollected. Indeed, up to the forenoon of the above date her pregnancy was progressing most satisfactorily, when she began to feel slightly out of sorts, and in the afternoon was seized with a most marked epileptic fit. This was followed by another towards evening, and again another occurred, the interval each time becoming shorter, till between 11.30 P.M. and 12.30 A.M. she had no less than four very severe epileptic seizures. Matters wore a very alarming aspect, the more so as no appearance of approaching labour was present; and I felt certain that my patient's strength could not hold out much longer if immediate relief was not given. By this time the pupils were quite insensible to light, and deep stertor had set in, which was becoming more and more profound.

I immediately sent for Dr. J. G. Wilson, and in consultation we deemed it advisable to induce premature labour, so as to effect delivery as speedily as possible. Dr. Wilson then proceeded to rupture the membranes; and in a most remarkable manner, from the moment that the liquor amnii escaped the stertor began to subside, but not altogether, nor to such an extent as to cause us to be the less anxious as to the final result. The os was fortunately very flaccid, and could be dilated to a considerable extent by the fingers without much difficulty. As soon as it could be accomplished with safety, Dr. Wilson applied the long forceps, and within thirty minutes of the rupturing of the membranes the child, a fine healthy boy, was born, and although in a semi-asphyxiated state, this soon passed off on applying the usual restorative measures. The placenta speedily came away, and the uterus contracted in a most satisfactory manner.

No sooner was the womb thoroughly empty than the stertor ceased, and all immediate danger seemed at an end. The sudden relief which the whole system appeared to receive on the birth of the child was most instructive, and indicated the propriety of the treatment pursued; but this was still more manifest in the next few hours, for there was no recurrence of the convulsions till 9.30 A.M., fully eight hours after delivery, when a very slight one occurred. This was the last unfavourable symptom which the mother had, and from that time her recovery was rapid and uninterrupted. The babe also is well and healthy.

CASE OF DIFFICULT LABOUR, WITH COMPLETE INVERSION OF THE UTERUS OCCURRING WITHOUT SHOCK OR HÆMORRHAGE.

Mrs. S——, a primipara, aged about thirty, full period. Soon after labour commenced a brow presentation was detected, with the face towards the pubes. For upwards of twelve hours the pains were strong and regular, but ultimately became feeble and inefficient, until at length several hours passed without progress being made, and the patient was becoming nervous and exhausted. It was then resolved in consultation with Dr. J. G. Wilson to effect delivery by means of the forceps. The patient was accordingly put under the influence of chloroform, and the infant (a strong

and healthy female, considerably above the average size) was extracted with considerable difficulty. After waiting the usual time, slight traction was being made on the cord, when, to the surprise of Dr. Wilson and myself, the uterus suddenly became completely inverted, with the placenta firmly adherent to the fundus. Without any delay, Dr. Wilson separated the placenta, and effected reposition of the uterus in the usual manner. This grave accident occurred when the effects of the chloroform had almost passed off, and yet no perceptible shock to the system was apparent; and what is as worthy of record is the fact that very little above the usual amount of hæmorrhage took place, notwithstanding that the placenta was forcibly detached during the time that the uterus was inverted.

In case secondary hæmorrhage might occur, I remained in the house all night; but the discharge was no more than in an ordinary case, and my patient spent a very comfortable night, expressing herself as feeling "very well" in the morning. From that time she made an uninterrupted recovery, and was feeling so well on the 30th of March (four days after her confinement) that she began to talk of getting up.

Remarks.—Such cases cannot fail to be very instructive, possessing as they do so many features of more than ordinary interest. The first perhaps affords more instruction than the second, and it stands foremost in importance on account of its more frequent occurrence, and also from the fact that two lives are jeopardised—that of the mother and the babe; whereas in the other the mother alone is in danger. Here, then, we have convulsions coming on at the eighth month, without any apparent cause, in a woman who up to the day of her sudden seizure had been enjoying the best of health. No external evidence could be found to show a faulty action of the kidneys, nor indeed of any of the other organs; yet a succession of convulsions of such frequency and severity supervene, that for a time the lives of the mother and child are in imminent danger, and depend altogether for their safety on the skill of the accoucheur. To decide what was to be done in the circumstances was simple enough; but to act, and bring away a living child with safety to the parts of the mother in the short space of time which the operation took to perform, was quite a different thing. Another point worthy of note was the partial cessation of the stertor when the liquor amnii escaped, and the complete suspension of it almost immediately after the uterus was emptied; and, what was most important of all, the discontinuance of the convulsions. But the case possesses interest apart from the mother altogether, and that is in the fact of the child, although premature and having been exposed to so much danger, being alive and doing well nearly six months afterwards.

The second case is also full of interest, and presents many most important points worthy of remark; and amongst these may be noted the almost spontaneous nature of the inversion, its completeness, the absence of shock and hæmorrhage, the facility with which the uterus was replaced without any recurrence of the displacement, no tendency to secondary hæmorrhage, and the completeness of the recovery without an unfavourable symptom.

Woodlands-road, Glasgow, Aug. 24th, 1871.

TOXICAL EFFECTS OF CHLORAL HYDRATE WHEN PERSISTENTLY USED AS A HYPNOTIC, AND FATAL RESULTS OF LARGE DOSES.

BY N. R. SMITH, M.D.,

LATE PROFESSOR OF SURGERY IN THE UNIVERSITY OF MARYLAND.

IN February last, a medical friend, long retired from practice, called on me for advice in regard to a singular affection of the fingers of both hands, attended with desquamation of the cuticle and superficial ulceration, especially about the borders of the nails. It was associated with pain and much morbid sensibility to touch. There was also some acceleration of pulse, and general *malaise*. He visited me daily for some ten days, when, by the use of astringent lotions and of ointment the local affection was overcome. He informed me that he had been taking chloral in liberal doses, as a hypnotic, for four months (I am not perfectly sure that it may not have been four weeks). He expressed to me his conviction that the disease of his fingers had resulted from the use of that medicine. Having never observed the agent to produce such a result, I was reluctant to believe that such was the case.

Some three weeks after the cure of the local affection, I was called to attend my friend, in consultation with his family physician. We found him labouring under acute bronchitis in severe degree. His respiration was exceedingly embarrassed, and there was a high degree of hoarse mucous râle. The bronchial tubes were filling. The pulse was about 140, and the action of the heart extremely feeble. In the treatment adopted our object was to sustain the powers of life, which were rapidly failing, and to relieve the bronchial tubes of mucus. Our efforts, however, were unavailing. He died on the third day after I first saw him.

I scarcely, at the moment, entertained a suspicion that the use of the chloral was concerned in producing the fatal malady of my friend, it being not at all uncommon for persons of his age (seventy) to succumb suddenly to such malady from ordinary causes. Some two months later I accidentally met a medical friend, who expressed pleasure at the meeting, as he wished to consult me in relation to a singular affection under which his daughter, a young lady twenty-two years of age, was suffering. He described precisely the affection of the integuments of the fingers which had occurred in the case described above, erythematous inflammation, desquamation, and ulceration around the borders of the nails. Struck with the resemblance which her malady bore to that of my friend Dr. C., I inquired if she had been taking chloral. He replied that she had taken it, as a hypnotic, every night for a month, and that he had suspected this article to be the cause of her disease. The young lady was not suffering constitutionally at that time, but about ten days after I was called to see her. I found her extremely ill. There was universal anasarca, the action of the heart was exceedingly feeble, the pulse 140 and extremely weak. Her respiration was much embarrassed, and the recumbent posture was impossible. Procuring some of the urinary secretion, I tested it with nitric acid, and discovered a notable quantity of albumen. I was very apprehensive of a fatal result, but immediately prescribed stimulants and diuretics, digitalis being the constituent most relied upon.

On visiting the patient, after an interval of a day, I was much surprised and gratified to find her greatly improved. Her pulse had been reduced to 90, and was much improved in tone. The kidneys had acted freely, and the anasarca had much abated. Having been myself confined by sickness, I did not again see her. On meeting her father some three weeks later, I was gratified to learn that she had entirely recovered. I have knowledge of two other cases in which the same affection of the fingers resulted from the use of chloral.

Within the last ten days two deaths have occurred in Baltimore, manifestly from the toxæmia caused by an overdose of chloral. The subject of one of these accidents was a gentleman who had been under the care of an irregular physician, and by his advice had taken chloral in ordinary doses for the relief of a painful neuralgic affection of the neck. After the medical attendant had discontinued his visits, the patient persisted in the use of the hydrate, taking it, as I was informed by his brothers, in doses of not less than half a drachm. On the day of his death he was known to have purchased three drachms of the article. How much he took during the day is unknown. In the evening he retired to his chamber, and in about twenty minutes afterwards was found dead beside his bed. He was undressed, the bed-clothes were turned down, but the bed was undisturbed, and it was manifest that death had arrested him at the moment that he was prepared to step into bed. The coal-oil lamp which he used was extinguished, but the glass chimney was still hot. The glass from which he had taken the chloral stood on a small table near the head of the bed, and in it were a few drops of the medicine, recognised by his brother by taste and smell. There can be no doubt, therefore, that he fell almost instantly dead from the effects of the poison.

Another instance of almost equally sudden death has occurred in this community. The fact is well known, but I

am not authorised to name the individual. He had been labouring under a painful affection of the head, and was attended by a homœopathic physician. On the evening of the night of his death, he had a hypodermic injection of morphine practised upon him, probably in ordinary quantity. This not relieving his pain, chloral was administered. He went to bed, soon became quiet, and for some hours was left undisturbed. His perfect stillness at length attracting attention, he was found to be dead, and probably had died soon after the administration of the chloral. I have no reason to believe that the medicine was given in larger dose than has been recommended as safe by high authority, nor do I know whether he had taken it for any length of time.

Another case of which I have knowledge was that of a lady who had undergone a severe surgical operation. As she suffered pain, and was restless, it was determined in consultation to give chloral by injection, so as to avoid irritating the stomach. A drachm and a half was thrown into the rectum. She at once sank into a state of insensibility, and died in some three hours. An eminent physician of Washington, who was in immediate attendance on the case (Dr. N. S. Lincoln) gave it as his opinion that she died from the effects of the chloral.

These cases are, it appears to me, amply sufficient to establish the toxical effects of this powerful agent. It is probable that its poisonous effects are exerted in two ways—first, when given in a large dose, and especially where the system may have been charged with it by its previous administration, it at once overwhelms the powers of life, and causes immediate death. Upon what organ or organs does it exert its deadly effects? It must be upon either the heart or the brain; perhaps on both. It is believed that chloral, entering into the blood, develops chloroform in that fluid, the amount developed being determined not merely by the quantity taken, but by the condition of the blood. Chloroform, we know, when inspired, exerts its influence upon both brain and heart. In the numerous cases in which it has caused death by inspiration, this result has been produced by its interrupting the circulation. Secondly, it appears, when given in small doses, and continuously for some time, to induce a form of toxæmia similar to that caused by the continued administration of ergot. Its effects on the fingers of both hands, in the two cases related above, would justify such a belief. It is well known that animals fed on spurred rye suffer gangrene of the extremities. In one case in which I tested the urine, albumen in notable quantity was detected. This case alone, however, establishes nothing.

Another very interesting and important inquiry is certainly suggested by the foregoing observations, crude as they are. If chloroform, developed in the blood from chloral, is productive of such disastrous effects, primary and secondary, can the direct inspiration of chloroform be as innocuous as it is thought to be? The profession are sufficiently aware of the fatal primary effects of chloroform in numerous instances. It has undoubtedly caused death in many cases in which it has been given with every caution in regard to quantity and mode of administration; in cases, too, where there existed no malady of brain or heart to forbid its use. In some cases it has been administered fatally in which it had been previously breathed with good result. But I would more especially call the attention of the profession to the chronic poisoning of the blood which I believe results from its free and repeated use. I have administered chloroform perhaps as often as any other surgeon in America, both in hospital and private practice, commencing its use from the time of its discovery and its first application as an anæsthetic. Indeed, I have been constrained to use it in many cases in which my judgment was adverse to its employment, for such is the overweening confidence in its effects that many patients refuse operations except under its influence. But the more I have used chloroform the less has my confidence become in its innocuousness. When I compare the results of my operation performed before anæsthetics were employed, with those performed during the last twenty-two years by the aid of chloroform, I am satisfied that unpleasant secondary results were less frequent during the first period than they have been under the use of that agent. I allude to secondary hæmorrhage, pyæmia, erysipelas, and hospital gangrene. Whoever will take the trouble to look over the medical journals and retrospects of the last ten years will discover that pyæmia or septicæmia occupies far more space in surgical records than it did before anæsthetics were so generally employed. When chloroform is administered during the period of an hour or more, as it frequently is, it undoubtedly enters copiously into the circulation, not only powerfully impressing the brain and heart, but modifying the constitution of the blood and the functions of the capillaries.

If the effect of chloroform developed from chloral in the blood be such as I have shown on the functions of the minute vessels, causing erythema and ulceration in the extreme parts, may we not suppose that the introduction of chloroform more directly into the circulation may promote the occurrence of those results not uncommon before its use?

These suggestions I trust will not be regarded as impertinent from one who has practised surgery for more than half a century, without and with the anæsthetic agents. I doubt not that, if these remarks are deemed worthy of any notice at all, they will be rejected by the majority of the profession, but I have an abiding confidence that their truth will ultimately be acknowledged.

Baltimore, June, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

SANGUINEOUS TUMOUR OF THE NECK; HÆMORRHAGE FROM RUPTURE OF THE EXTERNAL CAROTID ARTERY; DEATH.

(Under the care of Mr. SAVORY.)

WE are indebted to Mr. P. Butler Stoney, house-surgeon, for the notes of this and the following case.

The patient was admitted with a tumour, of about the size of an orange, situated beneath the lower portion of the right sterno-mastoid muscle which it pushed forwards. He was forty years of age. He stated that he had first noticed the swelling two months previously, when it was about as large as a filbert. During the last fourteen days his voice had become husky; he experienced a great deal of pain in the back of the head, but had no difficulty in swallowing. The tumour yielded a sense of fluctuation to the touch, and a bruit on the application of the stethoscope. The introduction of a fine trocar resulted in the evacuation of a few ounces of thin sanguinolent fluid. On the cyst being laid freely open three days later, the common carotid artery could be plainly felt to beat against its inner wall—the bottom of the wound. For eight days the wound was daily washed with a weak solution of Condy's fluid, and plugged with lint in order that it might heal by granulation from below. The thermometer placed in the axilla never rose above 98°.

At about noon of the ninth day a stream of blood, nearly of the calibre of a little finger, rushed from the wound. It was almost immediately checked by digital pressure, but not before a loss of over three pints had been sustained. Mr. Savory forthwith proceeded to tie the carotid about an inch below its bifurcation. The wound was then plugged with lint and tightly bandaged. The patient rallied a little at first, but afterwards exhibited vomiting, jactitation, a cold skin, and feeble pulse, until he died on the following morning.

After death there was found softening of the external carotid artery, from its origin upwards to its superior thyroid branch, and between these points it exhibited a large irregular opening. The common carotid was healthy at the seat of ligature, but elsewhere much diseased. The whole of the thoracic and abdominal aorta was extensively dis-

eased, and the arch of this vessel had undergone dilatation to about twice its normal calibre. Both the aortic and mitral valves were puckered sufficiently to allow of regurgitation.

A CASE OF TRAUMATIC DELIRIUM; RECOVERY.

(Under the care of Mr. SAVORY.)

In the following example the disease which has been variously designated as "traumatic delirium," and "prostration with excitement," supervened with remarkable celerity on the injury, and, by yielding with almost equal speed to a single dose of morphia, confirmed the established practice of treatment by opiates.

George D——, forty-two years of age, was admitted in a state of unconsciousness produced by the fall of a heavy beam of wood on his chest. Very shortly afterwards he passed into a state of delirium. The subcutaneous injection of half-a-grain of morphia was followed in a few minutes by quiet sleep. In a few hours he resumed consciousness, and complained of great pain in the chest. Though conscious, he remained dull and forgetful; when told to hold a thermometer in his mouth, he expressed compliance, but in a few seconds allowed it to fall. On the third day, the application of a linseed-meal poultice to the abdomen was followed by an improvement in his condition. Half an ounce of castor oil, administered on the fifth day, cleared his tongue of a thick brown fur, and effected a further general improvement. On the fourteenth day he was discharged, well.

GUY'S HOSPITAL.

WARTY GROWTHS IN THE LARYNX; REMOVAL BY BRONCHOTOMY; RECOVERY.

(Under the care of Mr. THOMAS BRYANT.)

WE are favoured with the notes of the following two cases by Mr. R. S. Mutch.

A. T——, a healthy-looking boy three years of age, was admitted with complete loss of voice. On examination, some slight swelling, more appreciable to the touch than to the sight, was observed over the external surface of the larynx. Neither the skin nor the adjoining lymphatics were affected. The swelling was hard and immovable.

According to his mother's observation, he had first become hoarse about sixteen months previously, and for about fourteen months had been quite voiceless. His health had always been good. There was no family history as regarded tumours, but abundant evidence of phthisis. The loss of voice was attributed to his having kicked off the bedclothes and lain for some time as cold as a "piece of ice."

Having come to the opinion that the child's larynx was occupied by adventitious growths, Mr. Bryant made first an opening in the median line sufficient to admit of the introduction of a tube into the trachea, and then laid the larynx open by an incision from within and below. Considerable hæmorrhage occurred, but was arrested by torsion. Innumerable warty growths, springing from the epiglottis and rima, were then removed with dressing-forceps and the handle of a scalpel. The interior of the larynx was then sponged with tincture of perchloride of iron, the tube tied in position, and the incision above it closed with sutures. During the operation the complexion became livid and the respiration slow, but on its completion these symptoms rapidly subsided. On being removed to the ward, the patient was placed near a fire, a screen was placed round the bed, and a bucket of steaming water kept constantly at its side. On the fifth day the tube was removed, and a good deal of discharge issued from the opening; he was found able to express himself in a whisper. On the twenty-third day he was discharged; the wound had closed, the respiration was carried on without difficulty, and the voice had undergone a great improvement. He was seen again sixty days after the operation; the voice had become much more natural, and there existed not the slightest obstruction to the respiration.

REMOVAL OF CONGENITAL FIBRO-CELLULAR TUMOUR IN THE BUTTOCK.

(By Mr. BRYANT.)

John B——, aged fifty, stated that from birth he had had a tumour on the right buttock, near the median line. Until within two or three years it had neither undergone increase nor caused inconvenience. About two months before admission it began to increase rapidly and became red, hot, and painful; shortly afterwards it broke and discharged matter with blood. Still it continued to grow rapidly larger; it continued also to exude blood and matter, but only gave pain when subjected to violence of some kind. There was found to be on the right buttock a tumour eleven inches and three quarters in circumference at the base, and eight inches diametrically over the summit. The skin was somewhat red and thickened. Its summit was flattened, and presented a dark, elevated patch about two inches and a half in diameter, with undermined, but not everted, edges; it emitted fetid sanguineous matter. The whole was movable on the solid parts beneath; but an indurated condition of the subcutaneous tissue extended to a distance of about an inch from its base. It did not encroach beyond the median line; gentle manipulation produced no pain, and its bulk did not in the least degree interfere with the movements of the leg.

The tumour was excised by means of a circular incision; the bleeding was slight, and was easily controlled by torsion. The patient made an uninterrupted and complete recovery.

HOSPITAL FOR SICK CHILDREN.

A DRESS-HOOK LODGED IN THE LARYNX; REMOVAL BY BRONCHOTOMY; DEATH ON THE SEVENTH DAY.

(Under the care of Dr. GEE.)

FOR the notes of the following case we are indebted to Mr. H. T. Butlin, the medical registrar.

Five days before admission, the patient, Lily A. A——, a healthy child of eighteen months, was pretending, in her play, to drink out of a jam-pot which her mother, a dressmaker, positively asserted to have been empty. Suddenly she uttered a scream, and appeared to be choking. From that time her breathing became difficult; she had occasional fits of choking, and her voice remained hoarse. She could lie down, had been sick the night before admission, but had not brought up any blood. On the day following the first appearance of these symptoms she was examined at one of the general hospitals; but she was not at the time suffering from dyspnœa, only a few bronchial râles were to be heard, and she was prescribed for accordingly.

On admission she had lost something of the healthy appearance said to be habitual to her; she sat up in the nurse's arms breathing loudly with ex- and in-spiratory dyspnœa, and with dilated nostrils. There was retraction of the episternal and epigastric regions. The face was much drawn, and dusky; the lips were of fair colour. She had a cool skin, a clean tongue, and a throat of natural appearance. The two sides of the chest were symmetrically affected, while the percussion-note was universally good.

Notwithstanding the assurance of the mother that the jam-pot had been quite empty, the symptoms were so suggestive that Mr. Sankey, the house-surgeon, at the request of Dr. Gee, at once proceeded to perform tracheotomy. Having opened the trachea from the thyroid body upwards, the operator perceived a body which, after clearing away a quantity of thick, puriform matter, he was able to seize with forceps, but not to move on account of its firm attachment. He therefore prolonged his incision upwards through the cricoid cartilage, and found that an ordinary dress-hook was attached to one of the vocal cords. A hook of this description, as is well known, is provided on either side of the base with an almost circular loop formed by the curving outwards and upwards to the side of the stem of the respective ends of the reduplicated wire, and by means of which it is sewn on to the dress. So firmly were the tissues gripped between one of these recurved ends of the wire and the stem of the hook, that it was found necessary to divide them with the knife. The child was sick during the operation, and looked pale and ill for some time afterwards.

About three hours after the operation, the breathing being somewhat laboured, a tube was passed into the tracheal opening with manifest advantage. In the evening the patient vomited several times, but afterwards passed a good night. On the following (second) day the tube was removed at mid-day. She breathed fairly well, inspiring

through the wound, and expiring through the mouth and nose. With the exception of the edges of the wound being red and presenting a pouting appearance on the third day, and the discharge of a good deal of thick puriform matter, she continued to make favourable progress until the sixth day, when the tube had to be reinserted on account of difficulty of breathing. This measure gave relief for a time, but in a few hours the difficulty became steadily greater, and neither the introduction nor the removal of the tube, nor any other proceeding, afforded any relief. After suffering great dyspnœa, chiefly expiratory, she died on the seventh morning.

At the post-mortem examination the body was found to be well nourished. The wound gaped and looked unhealthy; it emitted thick, brown, frothy matter. The epiglottis was slightly injected; both vocal cords were much congested; in the centre of the right one was found the notch caused by the removal of the hook. The trachea contained a considerable quantity of thick semi-purulent fluid; its mucous membrane was congested. Both lungs were emphysematous anteriorly, and œdematous throughout. The bronchial tubes contained a great quantity of thick tenacious matter, and bore evidence of congestion. There was no collapse, and there were no traces of pneumonia.

Reviews and Notices of Books.

A Manual of the Laws Affecting Medical Men. By ROBERT GEORGE GLENN, LL.B., Barrister-at-Law. 8vo, pp. 460. London: J. & A. Churchill.

IN preparing this manual, Mr. Glenn has executed a difficult task in a very satisfactory manner, and has conferred a great obligation upon the profession. Individual practitioners find, every now and then, that they require to be enlightened upon some legal point connected with their calling; but very few are aware of the number of possible points of friction between the two black graces—Law and Physic. It is our lot to be frequently appealed to for information upon these points; and scarcely a week passes in which we have not felt difficulties, many of which Mr. Glenn's work will remove. We say many of which, because we do not expect it to reach perfection in a single edition, and its shortcomings can only be made fully manifest by experience. For example, we can find in it no reference to a question that has recently come into prominence—namely, the right of a coroner to order a medical man to make a personal examination of a woman who was suspected of having given birth to a child. In a well-known instance, a coroner issued such an order, and the medical man to whom it was addressed considered it valid, and endeavoured to carry it into effect, with what result it is unnecessary now to repeat. We believe the coroner was altogether exceeding his authority, and that the medical man would have been liable to punishment for assault if he had succeeded in doing what was required of him. As in this instance, cases not provided for must every now and then crop up; but, upon the whole, we think Mr. Glenn's treatise remarkably accurate and complete, and deserving of high commendation.

The book opens with a preliminary chapter containing some quaint lore about the early history of the profession, the bearing of which upon the main subject is not obvious, although the matter is curious and entertaining. The second chapter deals with Registration; the third with the Licensing and Qualifying Bodies (we trust this may soon require to be entirely rewritten); the fourth with the Registration of Chemists and Druggists; the fifth with Offices held by Medical Men; the sixth with their Rights and Privileges; the seventh with their Duties and Obligations; and the eighth with the Laws affecting them in their relations with Partners, Assistants, and Apprentices. An appendix contains an essay on Medical Etiquette by Dr. Alfred Carpenter, some instructions for the execution and attestation of wills, and a set of forms of deeds, agreements, indentures, and contracts of various kinds.

The essay by Dr. Carpenter occupies thirty pages, and deals, in a very sensible and pleasant manner, with the chief points of medical etiquette, explaining the principles on which certain received customs are founded, and the manner in which their observance contributes to the common good. In the indicated space there are of course many points that are only just touched; but the essay, as a whole, is very valuable, and well calculated to explain to non-professional people the grounds of conduct which they cannot always understand. We do not agree with Dr. Carpenter in every word that he advances, but we concur with him thoroughly in the main, and we feel that the subject of which he treats could have had no more worthy or more conscientious expositor. The book, taken altogether, is eminently clear and practical, and is calculated to be of great utility.

Sull' Ultimo Stadio di Colera Asiatico—o Stadio di Morte apparente dei Colerosi.

On the Last Stage of Asiatic Cholera—viz., the Stage of apparent Death of Cholera Patients. An Essay by Professor PACINI. Reprinted from the *Imparziale*. Florence, 1871.

PROFESSOR PACINI is not only known as one of the most profound anatomists of Italy, but his experiments and discoveries in physiology have given him a world-wide reputation. Not content with studying the laws which govern the functions of the frame, he has cultivated pathology, and has, especially as regards cholera, published several pamphlets (1855, 1865-66), in which the subject is treated physiologically and mathematically.

Dr. Pacini thinks he has discovered the ferment or fungus of cholera; and upon the idea that the loss of epithelium of the intestinal mucous membrane is due to the action of this ferment, his theory is founded. The latter has not been unconditionally received either in Italy or in other countries; but it is allowed by many that the Professor is, probably, not very far from the truth.

The present pamphlet, however, treats principally of the apparent death of cholera patients, and is well worthy of attention, especially at the present time. A short analysis of the Professor's views on cholera will be necessary for the due appreciation of the merits of the present essay.

In a former work ("Sulla Causa Specifica del Colera Asiatico, &c.; Firenze, 1863"), Dr. Pacini tried to prove that cholera was excited by the presence of a fungus; and asserted that he had discovered the supposed choleraic ferment which destroys the absorbing epithelium of the gastro-enteric mucous membrane, and transforms a portion of its *absorbing* surface into a *transuding* surface. From the latter arises the flux which, at the outset, constitutes the premonitory diarrhœa, and later the dejections of cholera. As long as the absorbing surface of the canal is extensive enough to absorb as much fluid as is transuded by the morbid surface, the blood is not deprived of its natural quantum of water. But if the transuding surface has increased, and its action overpowers that of the absorbing surface, the balance is lost, and cholera is the consequence, death being more and more likely as the size of the transuding surface increases and the extent of the absorbing surface diminishes. The blood becomes gradually more viscid, and when it can circulate no more, death of necessity ensues.

Hence Prof. Pacini formulates a law to which he ascribes mathematical accuracy, and which has been, says the author, highly appreciated in the "Report presented to

both Houses of Parliament on the Cholera Epidemic of 1866," p. 70, whilst in his own country the law was received with smiles of unbelief.

As soon as the balance above-mentioned is lost, the course of the cholera is clearly defined, and divided by the author into two stages: one being *lymphorrhagia*, which may be patent by certain dejections, or go on within the intestines without evacuations; the other the algide or asphyxia stage, which is generally followed by death, or at least apparent decease, actual death occurring a greater or less time afterwards. Meanwhile, the rest of the body yields as much fluid as possible to compensate for loss, and dries up like a mummy. The capillaries of the transuding surface now become obstructed by the loss of serum, and the flux may suddenly cease, recovery occurring with great rapidity. Here the author rests his argument upon Dr. George Johnson's opinions. The longer the case lasts, the more chance of distressing sequelæ.

The Professor then establishes a parallel between cholera nostras and cholera Asiatica. He contends that in the former we have an excess in the *intensity* of the transudation, and in the latter an excess of the transuding *surface*. All rests upon the loss of epithelium by means of the fungus; this loss may be so superficial in rapid cases that, on examination, the mucous membrane may seem sound, as stated by Griesinger. Clinical observation has in this respect, says Dr. Pacini, taught us very little; and he prides himself, as Professor of Anatomy, on having herein and in other instances guided clinical studies. In fact, the author is very bitter against physicians, who seem, in his country, to be disposed to undervalue his labours.

The author next comes to the principal object he had in view in the publication of this pamphlet—viz., "the ultimate stage of Asiatic cholera, or the stage of apparent death." This ultimate stage, says the Professor, clinicians have never dreamt of. He considers that greater energy of circulation is necessary to keep up *evident* and *manifest* life than *latent* life. Hence apparent death must precede by some time actual death, this time varying in different cases. A patient supposed to be dead after the algide state of cholera is still in a state of latent life. This lapse of time is sufficient sometimes, according to the author, to bury a patient alive; or, more fortunately, to cause the resuscitation of the supposed corpse. In apparent death the intestinal flux is more likely to cease than in the former stages, as capillary obstruction is certain to occur, and reaction may be observed in the patient supposed to be dead. Such reaction becomes manifest by the actual moving of limbs in patients who are supposed to have died, (Brown-Séquard). Prof. Pacini explains this by maintaining that such patients were only *apparently* dead, and adds that many such have been buried alive.

Dr. Pacini then passes on to therapeutics, and, considering cholera as a lymphorrhagia, he advises abundance of cold astringent and antiseptic drinks, in order, first, to stop the the intestinal flux, remembering that the flux may remain in the intestines and not give rise to dejections; and, secondly, to destroy the choleraic ferment, and thus prevent relapse. The treatment, however, before reaction sets in, should be negative—that is, the patient should be left perfectly quiet, just as is advised in hæmorrhage, all movements and frictions being avoided in spite of algidity, because all these accelerate the circulation and increase the flux; in fact, medical men should give their patients time to quietly recover. As to *apparent death*, there is no treatment but the injection of water into the veins: three drachms of common salt to two pounds of water is the proper fluid, at a temperature of 40° centigrade. If the supposed corpse does not show any signs of life after these two pounds have been injected, it is unnecessary to proceed further. If life return, abundant drinks should be administered, as with the renewed energy of circulation the flux reappears. No cholera patients should be buried except they have passed into a stage of incipient putrefaction.

Whatever may be thought of the basis upon which Professor Pacini rests his views and practice, we are bound, especially at the present time, to pay due regard to the stage of apparent death of which the pamphlet treats. Nor should the therapeutical hints of the author pass unnoticed. They have certainly been acted upon for a long time past; but sound practical advice is always useful, and we hope that lives may be saved by carrying out the counsel contained in this excellent essay, evidently the work of a true man of science.

A New Operation for Bony Anchylosis of the Hip-joint, with Malposition of the Limb, by Subcutaneous Division of the Neck of the Thigh-bone. By WILLIAM ADAMS, F.R.C.S., Surgeon to the Royal Orthopædic and Great Northern Hospitals, &c. Illustrated by numerous Wood Engravings. pp. 68. London: J. & A. Churchill. 1871.

IN this pamphlet Mr. Adams has combined two papers read before medical audiences, in the former of which he describes the operation of division of the neck of the femur as most successfully performed by him, while in the latter he discusses the selection of cases suitable for the operation, especially in reference to some statements published by Mr. Brodhurst. The operation performed by Mr. Adams appears to have completely served its purpose in rectifying the malposition of the limb, and it has proved equally satisfactory in the hands of other surgeons who have followed his example. We believe that cases of synostosis of the hip, with the limb in a distorted position, may in this manner be greatly relieved, and that it is a mistake to suppose that in the majority of cases the neck of the bone is destroyed, or bridged over by dense bone. Surgeons will read the work with great interest and profit.

A BATCH OF HOSPITAL REPORTS.

WE have before us a pile of reports rather more than a foot high. We have read them all through, from the title-page to the auditor's name affixed to the balance sheets, and we have come to the conclusion that, on the whole, a more useless accumulation of printed matter could scarcely be brought together. Our remarks, of course, do not apply to the larger hospitals, whose registrars publish very excellent statements, full of information, but rather to those institutions, many of them of a special character, which publish a yearly account of their work principally for their subscribers and the public at large. With one exception, these reports give not a particle of information that can, by any possible means, be of the slightest use to suffering humanity—that can serve to increase our knowledge of disease or its causes, or point out which methods of treatment have been attended with the greatest amount of success. It is true they all tell a tale of "something accomplished, something done" within the past year, which is doubtless very satisfactory to those generous people who give their money so ungrudgingly for the help of their poorer brethren; and we readily admit that it is highly necessary that the various governing bodies of the London charities should, once a year at least, publish a properly attested and business-like account of their stewardship; but we see no reason why these reports should not furnish something useful for the future, or why they should not give some solid profit to the medical profession as well as to the printer.

The London Fever Hospital stands quite alone in giving an account of its yearly work which cannot fail to prove of immense value not only to the medical profession, but to every intelligent person into whose hands this report may fall. No one can read it without having his knowledge of fevers either increased or materially strengthened, and he must be strangely constituted if, having once taken up this plain matter-of-fact account of the several epidemics which have recently prevailed in London, he can lay it aside again without having digested its every word. We feel that the profession is deeply indebted to Dr. Murchison for having introduced this style of report, which we heartily commend to all hospital committees as a model in every way worthy of imitation.

We are sorry to say that all the other reports are little more than appeals for aid. Many of them are mere advertisements of the most clap-trap type, and seem constructed after the models of the ready-made clothes-vendor and the sensation dramatist. They are great curiosities in their way, are these reports. They all have the same thing to say: we have done so much work, we have spent so much money, we want so much more. These are the three strings upon which they all play, and it is curious to see in how many different ways they manipulate their instrument. The fly-leaves and covers of these several pamphlets are themselves a study. Some have simply the name of the institution from which they emanate, and others have staringly set forth in capital letters the peculiar good qualities or the extreme magnitude of the undertakings of this or that hospital. One institution has a cover, after the pattern of the *Cornhill Magazine*, with medallions at the sides and corners, representing the most thrilling phases of hospital life; a second has an elevation and ground plan, which might satisfy some of the sledge-hammering critics of St. Thomas's; and a third has a mediæval figure of "Mercy," apparently tottering under the enormous load of babies which she is supporting in her arms. Then again the various styles of writing are very interesting. Some of the authors content themselves with the baldest possible recountal of facts and wants, while others indulge in every conceivable trope that rhetoricians have invented. Here is a sample taken from the report of the Royal Hospital for Incurables, Putney Heath: "The administration of a large and twofold institution is not without its cares. For these the pleasure of the work and the confidence of the public make infinite amends. The work appears the more blessed as its objects are more than commonly distressing. The task is not that of smoothing the down-hill of a life full of days, approaching peacefully its end; that were blessed: but here the descent is often premature and precipitous, the sufferer passing to the tomb through a period of feebleness and agony. How precious in such a case is relief, let those say who would pour out their wealth to purchase it. Have not the Board a right to plead with energy for their unhappy clients? Their case is the very intensity of suffering. Waiting for relief, the mind and body endure a rivalry of pain. Let help, in pity's name, be given—help, large and substantial; and their lot may then be sweetened by patience and hope." We should have thought that the real hard, severe, prosaic task of managing an income which last year amounted to £27,971 2s. 8d. was enough to stifle the poetic elements in any man's nature; but it is always dangerous, as it seems, to judge of the capabilities of others by one's own standard. The following sample is the peroration of the appeal made by the Victoria Hospital for Sick Children: "England is held in world-wide honour for the aid given to the combatants wounded by fire and sword, for the provisions sent by her to a starving peasantry, or to the citizens reduced to want by a protracted siege. The committee of the Victoria Hospital will surely not be disregarded when they earnestly ask for contributions to relieve the little ones whose piteous cry in their sickness is heard even at our own doors."

There seems to be no little rivalry amongst these poetical men of business, and a genuine strife among them to outdo each other. Those who do not happen to be blessed themselves with the poet's frenzy, call in the aid of those that are, and we find some reports copiously larded with tit-bits from Dickens, the Amateur Casual, and the *Daily Telegraph*. Some of the special hospitals advocate their claims, not only by setting forth their own peculiar merits, but by a liberal application of the cold douche to all rival institutions. Here is a sample taken from the appeal of a special hospital:—"The patients, who may very well be allowed to know best where their diseases are really best cared for, flock to the special hospitals. They would not do this year after year in growing numbers, they would not daily pass by the very gates of the general hospitals, on their way to the others, without some valid reason." The balance sheet of this hospital contains, however, the most convincing proof of the immense waste of money which small special hospitals like the one in question entail. This balance sheet (to which we are sorry to see no auditor's name is attached) shows that the total expenditure for the year ending May 18th, 1870, amounted to £225 11s. 7d. Of this sum £22 8s. 1d. was spent in drugs, and 12s. in bandages. All the rest, £202 11s. 6d., was consumed by rent, rates, taxes, stationery, stamps (£10 9s. 6d.), salaries, and similar charges. This fact may go without comment. Some of the special hospitals seem to forget the maxim of *ne sutor ultra crepidam*, and to go upon the principle of "all's fish that comes to the net."

Did space permit, we could give many more examples of the eccentricities and peculiarities of these reports: but that is not our object. We merely wish to bring before our readers the deplorable uselessness of these costly advertisements, which are usually thrown into the waste-paper basket as soon as received. It would surely be possible for these hospitals to adopt one form upon which all the reports might be modeled. No hospital of any importance should be without its registrar, and the work of these gentlemen, if collected and collated, might, we are sure, furnish an inexhaustible treasure-house of facts concerning disease, fully as valuable in its way as are the reports of the Registrar-General.

THE CALENDAR OF THE COLLEGE OF SURGEONS.

THIS annual publication presents no especial novelty on the present occasion, though we notice that the tautological phrase, "Chronological list of the Fellows in the order of their seniority," of last year has given way to a "Register of Fellows in chronological order." Perhaps we may in time get rid of the inelegant word "collegial," which seems to be a favourite with the officials of the College of Surgeons.

During the past year 18 Fellows by examination, and 11 Fellows by election, have been added to the College lists, two of the latter being remarkable as admissions *ad eundem gradum* of Fellows of the Royal Colleges of Edinburgh and Dublin. Two hundred and ninety-one Members have been admitted; the Midwifery Board has passed 7, and the Dental Board 8, candidates. During the year 26 Fellows and 160 Members have died.

The statistics of the Court of Examiners show that at the first examination for the Fellowship, of 93 candidates, 54 passed; and at the second examination, of 29 candidates, 18 passed. For the Membership diploma the returns are as follows: At the first examination, of 603 candidates, 424 passed; at the second examination, of 382 candidates, 306 passed in Surgery, of whom 247 either passed in Medicine or had already qualified, and therefore received their diplomas, leaving 59 to qualify in Medicine. Forty-four gentlemen appear to have complied with this regulation, thus raising the whole number of diplomas issued during the year to 291.

The accounts of the College are not very satisfactory, since they show a magnificent balance at the bankers of £7 11s. 10d.; and as the Council has already appointed a committee to investigate the expenses of the College in all departments, we shall venture to point out a few matters which appear to justify inquiry. Exclusive of the trust funds, the income of the College for the year amounted to £11,461, of which £1907 was derived from stock and rents, £9279 from examinations, £262 from fees at elections, and the odd £13 from sales of Calendar, &c. Against this we have an expenditure of £11,433 for College purposes, including £293 to the Council; £4509 for the examiners of all kinds and examination expenses; £2510 for the College depart-

ment, with the enormous sum of £1466 for salaries and wages; £2172 for the Museum department, and £576 for the Library, besides repairs, law expenses, &c. Now, if we take the College income of £11,461 (of which only £1907 is derived from property) and deduct £11,433, the sum expended on College purposes, we have but £27 left on the year's working; but if we add the trust funds, we find that they produced but £290, while the expenditure under this head was £326, showing that the actual expenditure of the College was £7 *more than* the receipts! When we come to search out the cause of this over-expenditure of trust money, we find the Hunterian Oration credited with £188, whereas the modest fee for the orator is but ten guineas, and the remainder represents, we presume, the banquet given on the occasion.

Another point we may call attention to is that the preliminary non-professional examinations for the Fellowship and Membership produce £755, whilst the payments to the College of Preceptors and all other expenses connected with the examinations are but £418; we can quite understand therefore why the College officials so persistently ignore the recommendation of the General Medical Council, and the resolution of its own Council in October, 1869, to leave these examinations to the ordinary public examining bodies, since without the £340 thus gained, the College would be absolutely bankrupt, and be forced to curtail its establishment.

DR. COBBOLD'S REPORT ON THE WHOLESOMENESS OF "SEWAGE-FED" BEEF.

DR. COBBOLD has been employed by the Committee of the British Association to examine and report as to the presence of parasites in the flesh of a cow which was reared and fattened exclusively on the products of sewage irrigation by W. Hope, Esq., V.C., of Breton's farm.

Dr. Cobbold appears to have examined the animal in the most efficient manner. The superficial muscles, with their associated areolar tissue and aponeurotic coverings, were particularly investigated. Portions of certain muscles were dissected through and through. The brain, lungs, liver, bladder, kidneys, paunch, reed, cæcum, and other divisions of the intestinal canal were all scrutinised. The animal was not excessively fat, whilst the muscles were well developed and of a deep carnous lustre. Dr. Cobbold states that the animal in question was entirely free from internal parasites of any kind; but, strong in his opinion as to the danger of sewage irrigation, he attributes this marked negative result to the following circumstances:—

1. "The animal did not graze on the farm, but was fed exclusively on vegetable products cut and carried from the land." This, however, is a simple necessity, due to the impossibility of turning out cattle to graze upon land which is cultivated on sound sanitary and economical principles. No cattle are turned out to graze on Mr. Hope's farm.

2. "The porous nature of the soil and subsoil alike carries off the sewage, and thus ensures the passage of parasitic germs into the soil itself." This is the position taken up by Mr. Hope in a letter which appeared in THE LANCET of March 27th, 1870, and we congratulate Dr. Cobbold on his having the candour to adopt it. With good cultivation the stems of the growing grasses will never be soiled by sewage, and the ova of parasites will, therefore, not attach to them.

3. Dr. Cobbold noticed "a remarkable absence at Breton's Farm of those molluscan and insect forms of life which play the part of intermediary bearers. The only molluscs found were obtained from a pit of water to which sewage had no access. They were free from carcasian larvæ." This is a most important observation. It is evident that the molluscs in question cannot live in sewage, or that they are destroyed by good cultivation.

4. The vegetable growths on the sides of the sewage carriers contained numerous nematodes, but no ova of entozoa.

Lastly, Dr. Cobbold observed that "the sewage had a strong smell of beer, suggesting the presence of sufficient alcohol to destroy the vitality of ordinary parasitic germs, though it is obvious that the free nematodes had suffered nothing in consequence." This, of all Dr. Cobbold's suggestions, is the most surprising, and shows how seriously the most philosophic mind may be biased by preconceived opinions. Dr. Cobbold found that the addition of some two or three drops of alcohol to a teaspoonful of water arrested the development of the parasitic ova in question. But does he suppose that those eminent Romford brewers allow so much alcohol to run to waste as would alcoholise in the same degree the 250,000 gallons of sewage which flow daily from the town. The fact is, they sell their alcohol at too high a price for that, and simply turn the waste hops and washings of the barrels into the sewers. Dr. Cobbold's report is extremely satisfactory. It proves that the danger of propagating parasitic disease will in all probability be reduced rather than increased by the practice of sewage irrigation. On the old manuring system the excreta are placed on the growing pastures in a solid form, and the cattle cannot graze without taking some portion of them in, whilst under the system of liquid application properly and economically conducted, the ova sink beneath the surface, and the crops are cut at a point above the possibility of danger.

DISINFECTION.

No. II.

IN practising disinfection it has been sought either directly to influence the state of the atmosphere surrounding us, or else to operate upon the solids and liquids with which we come into relation more or less closely in the course of daily life; and, if we would have definite ideas on the subject, the distinction between these two methods of operation must be kept clearly in view.

The *direct* disinfection of the general atmosphere of a town is a task too hopeless to be undertaken by man; as will be manifest from the mere consideration of the vastness of the mass of air to be dealt with, and the comparative minuteness of the materials wherewith to deal with it. Not by one-tenth per cent. can all the breathing of all the inhabitants of a town, and the burning of all the fires in it, alter either the percentage of carbonic acid, or of oxygen in the general atmosphere pervading the town. If, then, our means of influencing the atmosphere are so limited that we cannot add to it so much as the one-tenth per cent. of any material, what chance should we have—even if we were to expend the entire national revenue on the undertaking—of so thoroughly dealing with the mass of the atmosphere pervading a town as to eliminate any impurity?

In the days of the cattle plague, those who were set in authority over us made an assault of this description on the atmosphere of the country. They swept the air of the fields with towels dipped in carbolic acid, and borne aloft on the horns of the cattle, hoping thereby to rid the air of cattle-plague germs. As well might they have tried to alter the composition of the water of the Irish Sea. The first step in practical disinfection is the comprehension of the fact that, whether it be poisons or germs we fear in the outdoor atmosphere, we cannot remove them from it by the employment of anything either to decompose them or to kill them.

Leaving the streets and entering the houses, one thing at least is possible, and that is, to ventilate and secure that the air within the house is not much worse than the air outside. Obviously, too, the limited air of a room lies within the compass of the action of such quantities of chemicals as we are able to command. But whether it is economical to attempt the purification of the air of a room by acting upon it by chemicals, or whether the means which are in vogue are effectual, are other questions. The last we will now take up.

We have before us an excellent little card (excellent we say in the sense that it affords a graphic representation of the more useful expedients) bearing on it the inscription "Disinfectants and how to use them," by Edward T. Wilson,

M.B., F.R.C.P.; and among other directions are the following:—

"*For an Unoccupied Room.*—Pour two wineglassfuls of dilute sulphuric acid (oil of vitrol) over two ounces of chloride of lime in an earthenware saucer, placed high near the window. It bleaches and is apt to make white-limed walls sweat. Useful for cabs.

"*For an Occupied Room.*—Put a crystal or two of chlorate of potass into a saucer of muriatic acid (spirit of salt) placed high, as the gas is heavier than air."

We presume that the rooms are of ordinary dimensions; say 14 feet square and 10 feet high, and for convenience of calculation let us take the contents of a room 4 metres square and 3 metres high. This gives 48 cubic metres, or 48,000 litres capacity. Now from the two ounces of bleaching powder we should do well if we got 5 litres of chlorine gas. We have, therefore, 5 volumes of chlorine in 48,000 volumes of air, or about 1 volume of chlorine in 10,000 volumes of air; or, in percentage, 0·01. This is for the *unoccupied* room, but for the *occupied* room the proportion of chlorine (from the crystal or two) would be very small indeed.* Chlorine so highly diluted is not the energetic reagent that it is when pure. If there were traces of sulphuretted hydrogen in the atmosphere of the room, they would co-exist for a long time with so weak a gaseous mixture of chlorine, and germs would probably be untouched by it. In short, such a chlorinous atmosphere, though dreadfully disagreeable to human inhabitants, might be organically impure.

The card from which we have quoted falls foul of scents. "Scents are useless," says the card, after having recommended how we may make the sick-room stinking under pretext of purifying its atmosphere. Wiser far were it to make it fragrant with perfumes, which, if they neither decomposed the organic poison nor killed the germs, would delight and not distress the patient. Dr. Wilson's card, although recommending fumigation, does not omit to recommend ventilation and to enforce the necessity of it, and herein he has our most cordial assent.

In fine, if the atmosphere of a room be foul, let it out; which is the cheapest and wellnigh the only practicable, if not the only possible, method of improving it. The proper sphere of disinfectants is the solids and liquids which harm us either by direct contact with our bodies or by their proximity to us and action on us through the atmosphere, the purity of which may to a great extent be preserved by suitable means. How this may be done will form the subject of another notice.

Foreign Gleanings.

THE FORMATION OF PUS.

Pus was formerly considered as an altered liquor sanguinis, in which the fibrin has assumed a molecular and corpuscular form. The corpuscles were looked upon as having much resemblance in size and general appearance to the white corpuscles of the blood, though the circumstances which determine the change of fibrine into corpuscles of pus were not established. It has more recently been supposed that the pus-globules were the result of the proliferation of the corpuscles of the connective tissue. But Cohnheim, in 1867, maintained, after experiments, that pus globules are simply leucocytes, or white corpuscles of the blood, which traverse the parietes of vessels by means of their amœboid movements. Kremianski and Hayem confirmed these views, repeating the experiments, especially on the tongue and mesentery. Dr. Charlton Bastian in this country also adopted this opinion, and the name of "migration of leucocytes" was given to this phenomenon. The well-known M. Vulpian also supported these views, finding, like M. Hayem, the globules lying along the vessels, and filling up the intervascular spaces.

But in 1870 a controversy arose on the subject, and M. Feltz, of Strasburg, after carefully experimenting on the mesentery and tongue of the frog and the mesentery of the mouse, showed that new leucocytes formed around the vessels, that these leucocytes did not arise from the corpuscles of the connective tissue, and had in no way traversed the parietes of the vessels. M. Feltz resorted, like Cohnheim and Kremianski, to the colouring of the leucocytes with aniline and cinnabar, and maintained his opinion after a second series of experiments, presented to the Academy of Sciences of Paris on June 6th, 1870.

This physiologist was followed by M. Picot, of Tours, who, in July, 1870, also sent a paper on the subject to the Academy of Medicine of Paris, and proved that Cohnheim was wrong—so much so that, according to M. Picot (from whose letter in the *Gaz. Hebd.*, Sept. 22nd, 1871, we have extracted these details), the globules of pus newly formed are found far from the vessels.

M. Picot, in a few sensible remarks, shows how difficult it is to make out the migration above alluded to, and enters into minute details as to the manipulation of these experiments. He contends also that, independently of experiments, the fact of finding leucocytes surrounding vessels is no presumption that they have traversed their coats. Thus stands the matter at present. It is to be hoped that the praiseworthy endeavours of the young generation of pathologists will ere long solve the problem.

CARBOLIC ACID IN VETERINARY PRACTICE.

La Tribune Médicale (Sept. 24th, 1871,) publishes a letter from a medical man of Savoy, M. Lochon, who states that, in a distressing epidemic of cattle-plague, which had been very destructive, the following treatment arrested the spread of the disease:—1. Bleeding to the extent of three quarts. 2. Administer a quart of lukewarm water in which are dissolved two drachms and a half of crystallised carbolic acid. 3. Give, once or twice, four quarts of strong infusion of coffee. 4. Energetic frictions to excite cutaneous reaction. 5. Scarify the infiltrated regions. 6. In the course of the complaint give several quarts of infusion of gentian. 7. Dress with the solution of carbolic acid mentioned above the pustules which form on the hide. In this manner were treated fifty cows, seven horses, and one pig. Of all these only one cow died, whilst previous to these measures the mortality was considerable.

OSTEO-MYELITIS AND PYÆMIA.

There are, unfortunately, many ways in which pyæmia may occur, and we are not surprised to find M. Demarquay publishing a series of nine cases, all of gunshot wounds, in which osteo-myelitis was followed by pyæmia and death. The author endeavours to show the relationship of both affections, and to prove that the osteo-myelitis was really the cause of the pyæmia. He thinks that henceforth osteo-myelitis should be carefully studied in view of the consequences alluded to in the paper. M. Demarquay has very carefully injected a solution of strychnine into the medullary cavity of the femur of a rabbit, and the animal soon died with all the symptoms of strychnine poisoning.

PURIFYING OF HOSPITAL WARDS.

M. Rabot states in *L'Union Méd.*, August 20th, 1871, that since 1868 he has succeeded in purifying hospital wards, without disturbing the patients, by the following means:—An oxygen-generating apparatus is placed outside the building, and, by means of a long indiarubber tube, a volume of oxygen is introduced measuring about the thousandth part of the cubic feet of the room, after the ward had, as usual, been well ventilated. To feed the patients' curiosity a few fumigations with cascarilla were made. In both extremities of the ward large basins containing one pound of peroxide of manganese and ten pounds of the solution of hyperchloride of lime were placed and changed every day. The method has been conscientiously applied by M. Rabot in a hospital at Versailles with the best results.

* Some notion of the quantity of chemical substance requisite to effect a real disinfection of the atmosphere of a dwelling-room of ordinary dimensions may be gathered from a recent Oxford disinfection minute, which prescribes 4 oz. of sulphur to be burnt in every 100 cubic feet of air. Sulphur yields twice its weight of sulphurous acid, so that there would be about 80 litres of sulphurous acid gas to 3000 litres of air, equal to 2·6 vols. of gas in 100 vols. of air. The minute informs us that "no disinfection of this kind is thorough if a man can live in the room whilst it is going on," from which we see that it cannot be resorted to for the sake of the atmosphere in the room (which must be sent up the chimney or out of the window, and replaced by fresh air, before the room becomes habitable), but for the sake of the walls, and ceiling, and clothes hung up on poles, &c. In short, it is a method of treating the solids.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 30, 1871.

As the facts accumulate which throw light upon the present epidemic of cholera, we are better able to appreciate the remarkable character of the outbreak and the probabilities of a renewed invasion of Great Britain by the disease. It would be impracticable with the facts yet at command (the more important of which have been published in THE LANCET from time to time as they have become known) to write a connected history of the outbreak, and it is sufficient for our present purpose briefly to sketch the diffusion of the epidemic during the past four months. This we propose to do; and the facts we are about to state will show that the danger to this kingdom of a renewed invasion of cholera has been rather underrated than overstated.

From the middle of June last cholera has been unceasingly active in many localities along the course of the rivers Euphrates and Tigris, and it has been widely prevalent in the central, northern, and north-western provinces of Persia. Within this period, also, the epidemic has visited with considerable severity several parts of the trans-Caucasian provinces of Russia. The diffusion of the disease in these provinces links the epidemic in Persia with the epidemic in Europe; and it is not improbable that, as the history of the epidemic becomes more clearly understood, it will be found that the recent diffusion of cholera in Europe is an extension of the disease from Persia, where the malady has probably been constantly prevalent, in an epidemic form, since 1867. But while a doubt must for the present rest upon the mode of origin of the existing diffusion of cholera in Northern Europe, no question can arise as to the extension of the epidemic now in progress in Arabia—an extension which seriously threatens Egypt, and through Egypt Southern Europe, in the manner and by the tracts first traversed by the disease in 1865. Starting from Meshed Hussein, in the pachalik of Bagdad, a few weeks ago, the epidemic has spread to Hayal, in the Jebel Shammar, and thence to Khayber, a village only three days' journey from Medina, and situated on an important route to that town. The time of the Mecca pilgrimage for this year is, we believe, close at hand; and we understand that considerable anxiety is manifested by the Ottoman authorities in view of the probable introduction of cholera among the pilgrims.

About the time, apparently, when this extension of cholera from the pachalik of Bagdad into Arabia began, the epidemic, already widely spread in Russia in Europe, became increasingly diffusive there. It reappeared in several of the Russian ports of the Sea of Azov and of the Black Sea, especially in Taganrog, Rostov, and Kherson—all ports affected in the previous year, and earlier in the present year. In South Russia and Great Russia, where the epidemic had been decreasing, it began to spread with greater activity than it had hitherto shown; extending widely into the provinces of Poltava and Kostrowa, and reappearing at Ekaterinoslav, Kiev, and Nicolaiev. The epidemic now also appeared in the north at Archangel, and on the northern shore of the Gulf of Finland at Helsingfors. It began to spread also with the greatest rapidity in the north-west provinces, particularly in the government of Vitebsk. In the Baltic provinces Riga, Pernau, Wolmar, and Mitau became infected, and the disease showed itself in several other localities; and in Poland the epidemic appeared in Suwalki and elsewhere. The disease, in fact, within the period under consideration, spread into all the principal divisions of Russia in Europe, and it is now practically distributed over the whole area of this portion of the Russian empire.

Whilst this greater extension of the epidemic was taking place in Russia, cholera was steadily spreading along the coast districts of the German provinces of the Baltic, from Königsberg to Swinemunde, the latter town being attacked on August 23rd. The western ports of the Continent were now also attacked, cholera appearing in Altona about the 19th, and in Hamburg about August 23rd.

About the same period that cholera broke out at Altona and Hamburg it appeared also on the south-eastern extremity of Europe, at Constantinople, spreading there, doubtless, from the infected ports of the Black Sea.

At the present time epidemic cholera is prevalent in the pachalik of Bagdad, in the central and north-western provinces of Persia; in the trans-Caucasian provinces of Russia; in several of the Russian ports of the Black Sea and Sea of Azov; throughout Russia in Europe, and in the provinces of Germany on the Baltic and North Sea. The disease is extending from the pachalik of Bagdad into the Hedjaz, from the Black Sea to the Bosphorus, and from the sea-board provinces of Germany to the central provinces of the empire. In presence of a widely-spread extending epidemic of cholera, which has effected a lodgment in the westernmost ports of Europe, and is increasing there, the danger of the epidemic invading Great Britain can hardly be held to be remote, or the precautionary measures premature which are now being so strongly urged upon local authorities.

IT is well known to all habitual readers of American newspapers that the procuring of abortion is a trade that has for many years been openly pursued in the great cities of the States. The penalties declared by law against such practices have for various reasons been inoperative, or have not been put in force; and the offenders have advertised, kept open offices, and have employed all available means of publicity to bring clients to their hands. Their advice has been sought, it is said, not only by frail or forsaken damsels, but also by vast numbers of married women legitimately pregnant; and it has become fashionable among the wealthier classes to consider that large families should be systematically discouraged. The recent sad story of the girl ALICE BOWLSBY, whose corpse was left in a box at the Hudson River Railway Depôt, and the arrest of ROSENZWEIG, the German through whose practices she appears to have come by her death, have just now roused the New Yorkers

into a passion of feverish activity, and will probably occasion a brief period of sharp measures against all who are in like manner guilty. We know too well, on this side of the Atlantic, how some so-called "startling disclosure" will be followed by a paroxysm of excitement and by the prosecution of minor offenders; until, after the lapse of a few weeks, some new sensation is provided for the public, and the turbid stream of vice flows tranquilly back into its accustomed channels.

We have not spoken thus of American practices with any intention of giving ourselves virtuous airs, or of claiming for European cities a higher standard of morality than that to which they are entitled. It is probable that the procuring of abortion is as much a trade in London as in New York, and that the difference in favour of the former place is only in the smaller degree of publicity that is given to the nature of the business. Our object is rather to point out that the production of abortion is only one of the ways in which men and women seek to avoid the responsibilities of parentage, and that it is a resource which seems to suggest itself naturally after the failure of some of the others. What is called "preventive copulation" is a form of bestiality that has, we believe, secured to itself the favour of some eminent moralists, philosophers, and would-be social reformers; and it is quite manifest that any reasoning by which it can be justified will equally justify a recourse to the skill of the abortion-monger, if the measures of prevention should from any cause have failed of their expected effect. Failing the abortion, there remains but a step to baby-farming and infanticide; and so the hideous fabric of sin and misery that surrounds us is step by step built up. A spurious philosophy causes the credulous and the selfish to indulge in dreams of perverting the order of nature, and then conducts them, by no slow descent, to the lowest depths of immorality.

It seems tolerably certain that the remedy for these accumulated horrors—if, indeed, it is discoverable at all—is not to be found in any endeavour to thwart the predominant instincts that human creatures share with the lower animals, and that provide, in the face of all obstacles, for the perpetuation of the race. Social reformers must boldly confront and admit the fact that procreation will not be limited by what is called prudence, and that men and women will either marry or do worse, even though they have no prospect of attaining to an income of three hundred pounds a year. In many agricultural districts customs even now prevail which are probably of great antiquity, and by which, among the peasantry, pregnancy becomes a condition antecedent to marriage. In such places, however, marriage is also the constant result of pregnancy; and a man who refused or neglected to marry a girl who was pregnant by him would be scouted by his old associates and utterly condemned by the public opinion of his own class. The result is that the single women yield, almost as a matter of course, to the importunities of their male companions; and that unchastity in this form is neither considered disgraceful nor entails other moral evils. Pregnancy and marriage follow, and the married women are faithful wives. The sterile, who do not marry, are of course apt to become enamoured of a life of licence, and, if they are personally attractive, often swell the ranks of the prostitutes in the neighbouring town. Many excellent persons hold up the hands of horror at the entire system; but it is worth pointing out that these village communities at least recognise two great principles: the first being that a man is bound to acknowledge and to labour for the children of his begetting; the second, that the prospect of maternity gives a woman an increased claim upon the protection not only of her paramour but also of society. In higher ranks and in great towns both these principles are ignored. A man is with difficulty, and only to a small extent, rendered legally liable for the maintenance of his natural child; while, socially, it can hardly be said that his obligation is recognised at all. An unmarried pregnant woman has no permanent claim upon the father, and, instead of being aided by public opinion in the assertion of her rights, is placed under a ban which can scarcely in any case be lifted, and which drives numberless poor creatures to seek in any sin the concealment of their shame. None know better than medical practitioners that a woman is not necessarily abandoned because she has given herself where she had given her affections; and we believe that a great blow would be struck at infanticide, and at the cognate forms of wickedness, if the pregnancy of a single woman, not a prostitute, were treated as a promise of marriage on the part of the man by whom she was pregnant, and made to carry exemplary damages if the promise were not fulfilled. It has been argued that any legislation in this direction would expose young men of property to be caught in the traps of designing and unscrupulous women. To such traps, however, English juries would not readily lend themselves; and young men of property, if they have not sense enough to protect it and themselves, had better lapse with all convenient speed to their more appropriate place in some lower stratum of society. In this very grave and grievous matter we want legislation in the direction of simple justice between men and women, without thought of either property or station; and we want to teach men that sexual relations are to be entered upon only under a due sense of responsibility, and not after the fashion of "brute beasts that have no understanding." For such as these our streets will long furnish resources enough; and our present social state may well be accepted as a warning that we have been travelling hitherto upon a road which it would be wiser and better to forsake.

SCIENTIFIC WARFARE is a grand game of chess, with a large number of disturbing causes, and some measure of liberty for the exercise of courage, intelligence, and energy on the part of the individual pieces used in the game. From the manœuvres and tactics displayed in the late mimic warfare we can pretty certainly predict what the results would have been under similar conditions during a real campaign. No one doubts that STAVELEY'S tactics on one occasion were inferior to those of his opponent, and that in actual warfare the latter would have had the advantage. The working of the Control is capable of being tested in a similar way; for in our country, where everything has to be purchased and everybody's rights have to be respected, there is none of that system of "requisitioning" with which

continental warfare has made us so familiar. Whether the Control system proved a failure or not is a question we are not called upon to consider. A sham campaign is little calculated, however, to test the hospital and sick transport organisation. Happily there are no sick and wounded men suddenly brought from the battle-field to the line of field hospitals, and the army doctors are not required to provide for trains of sick and disabled soldiers arriving at the hospitals in the rear. There was almost no sickness and but few casualties among the troops in the late campaign, and the medical administration must have been utterly feeble to have broken down by the requirements made upon it. We never know with certainty whether we shall break down until the strain comes upon us. The quality of the troops employed in the late manœuvres was to the medical eye admirable, and we were agreeably disappointed at their manly, soldier-like bearing and healthy aspect. We cannot say this, however, of the Militia, who were very unequal, and, generally speaking, appeared to be much inferior in stamina to the Line regiments or the Volunteers. To return, however, to the subject of medical organisation. The respective merits of the general and regimental systems of medical administration have excited some discussion; but a good practical trial of the former would do more to establish or condemn it than all theoretical considerations put together. That the advocates of the two systems have a good deal to advance on their respective sides must be allowed; but it seems to us that there is considerable misapprehension as to what they really mean. To take a late article in a military contemporary for example. We have much that is very true, but neither new nor pertinent to the discussion, from PRINGLE'S, JACKSON'S, and MACGRIGOR'S experience, as to the evils of a general hospital system and the advantages of a regimental one. The fact seems to have been altogether lost sight of that the modern advocates of the former are as favourable to some conglomeration or consolidation of hospitals as they are utterly opposed to the aggregation of a number of men in one hospital. The advocates of the general system contend that their desire is to obtain an organisation that shall have within itself all the elements necessary for the care of the sick and wounded; and that it should always be one and the same, and dependent on itself, and not, as at present, on the extraneous aid it receives from other departments and corps. Big general hospitals, such as PRINGLE and MACGRIGOR condemned, are enormous evils for two reasons—1st, in that they prove fatal to the wounded crowded into them; and, 2nd, in that they affect injuriously the *morale* of the army by harbouring convalescents and others possessing an excellent digestion for hospital viands, but with "no stomach for the fight." It is notorious that in past times it was excessively hard to get those men to rejoin their regiments who had once quitted them for the large hospitals far away in the rear. Colonel Sir G. WOLSELEY has lately published a second edition of his "Soldier's Pocket-book for Field Service," and it contains much that is new on the subject of medical arrangements. He speaks and provides against both these evils; but he expresses his opinion that our present system of regimental hospitals is unsuitable for a large army, since it is not only expensive but too cumbrous for rapid or constant moving. The slightly sick and wounded with an army, he thinks, should be treated by the assistant-surgeon attached to each battalion; cases that require more careful or special treatment should be sent to the field hospital, to be retained there for treatment until fit to return to their duty, or to be sent on to the division hospital. This system, recommended by Sir G. WOLSELEY in the first edition of his book, has now, he says, been authoritatively adopted; and the medical establishment with each battalion, regiment of cavalry, and battery of artillery in the field, is to be as follows:—One assistant-surgeon, one pair of panniers on a mule with a driver (Army Service Corps), one orderly of Army Hospital Corps, and one stretcher. The sick to be treated in field hospitals. All regimental transport for the conveyance of sick and wounded has been abolished. Before proceeding further with an analysis of these arrangements, we would just remark that they probably form portions of the scheme of medical reorganisation on which it is pretty well known the authorities at Whitehall-yard have long been occupied. To continue, however. The principal medical officer with an army in the field is generally to be an inspector-general of hospitals, with a medical officer to assist him as field inspector. The medical staff with each Army Corps is to consist of one inspector-general of hospitals, as principal medical officer; one inspector-general of hospitals, as sanitary officer; one selected medical officer, to act as field-hospital director; one staff surgeon, to act as secretary to the principal medical officer; one staff surgeon, as pathologist; one officer of Army Hospital Corps, to be with field-hospital director; four non-commissioned officers, as clerks; and six orderlies: all these soldiers being of the Army Hospital Corps. The medical staff with each division is to be composed of one deputy inspector-general of hospitals, as principal medical officer; one staff surgeon, as secretary; one sergeant, as clerk; and one orderly. There will be three field hospitals to each division, with one deputy inspector and eight executive medical officers, besides orderlies and subordinates to each hospital.

We have not space to enter upon the proposed extent or nature of the accommodation for the sick during active service, or the provision of waggons and transport for ambulance purposes, or to criticise some of the views advanced by Sir G. WOLSELEY; the consideration of these subjects must therefore be reserved for the present.

THE early stages of inflammation in bone have recently been made the subject of investigation by EDWARD LANG, of Vienna, who gives the results of his inquiry in the first part of STRICKER'S *Medizinische Jahrbücher*. The difficulties in the way of this line of research are considerable, since it is requisite to decalcify the bone in order to make sections; and it is by no means easy to effect the decalcification without injuring the cellular structures the relations of which it is desirable to investigate. M. LANG believes he has overcome these difficulties, however, by employing a weak solution of chromic acid to which a few drops of hydrochloric acid have been added. He finds that the solution should be frequently renewed, and that after the lapse of from seven to twenty-one days, according to its size, the macerated bone can be easily divided, whilst the characters of

the tissue are well preserved. The experiments were undertaken on adult rabbits; and although these animals reacted but slowly to irritation of their bones, yet this proved an advantage, since the successive stages of the inflammatory process were separated by a considerable interval of time, and could be easily followed. He first amputated one fore-leg and the opposite hind-leg of a rabbit, and examined the stumps—the latter after two, the former after three days. The two-days-old stump presented no perceptible alterations, except that here and there the corpuscles of the bone were better defined, larger, and more succulent than natural. In the three-days-old stump the corpuscles were very much enlarged and irregular in shape, and they had lost to a considerable extent their regular concentric arrangement; they were more or less strongly granular, and sometimes contained two nuclei; all these changes being most marked near the medulla. The lamellæ and vessels presented no abnormal appearances. In another rabbit he set up much more severe inflammation by making a comminuted fracture and frequently rubbing the fragments together. After six days the animal was killed and the bones macerated. The bone-corpuscles were found to be still further enlarged, greatly altered in form, and replaced by one, two, three, four, or even five nucleated cells. He saw two, three, or four, and in the neighbourhood of the periosteum six or seven, cells in one capsule; and in many places nests of young cells or microscopic abscesses were present; whilst extensive tracts of the bony tissue were, so to speak, populated or infiltrated with young cells. The lamellæ in many parts were still normal, but occasionally they appeared swollen, with their lines of demarcation indistinct. Thus the direct result of the inflammatory process in bony tissue is the tumultuous development of vast numbers of cells, the multiplication of which augments with the vascularity of the parts; and it is interesting to inquire what may be their origin. Three possibilities may be admitted: they perhaps represent white blood-corpuscles which have escaped from the bloodvessels as vagrant or migratory cells; or they may proceed from the connective-tissue corpuscles, excited to proliferate by the inflammation itself; or, lastly, they may be the result of the multiplication of the bone-corpuscles. M. LANG, after reviewing each of these probabilities, pronounced decidedly in favour of the last. He has instituted another series of experiments, after a method suggested to him by STRICKER, in which he has passed needles into the long bones of frogs and rabbits, and, after allowing them to remain for three days, has taken thin shavings from the injured part; these he placed in a trough and supplied with a constant current of oxygenated serum, the table being heated on STRICKER'S principle. This plan, however, has not hitherto proved very instructive, and the results are not of sufficient importance to require notice at our hands.

AN article in this journal of the 2nd inst. on a question of Medico-Legal Responsibility in connexion with a recent case, brought forth a reply from the surgeons engaged in it, which we published on the 16th with a note; and, after a careful examination of the legal bearings of the subject, we reiterated our opinion that there was no legal justification for the conduct pursued by the medical men under the direction of the coroner. Since that date we have received a letter from a correspondent blaming us for "advising the profession to disregard a coroner's order." As the question at issue is obviously one of the deepest interest to every medical practitioner, we have placed the whole case before the legal adviser of THE LANCET, and append his opinion, upon which we believe our readers may with confidence rely.

"After diligent search on the subject of a coroner's authority, I entertain no doubt that an order for the physical examination of a woman, in case of suspected infanticide and concealment of birth, is grossly illegal. Such a method of obtaining evidence is completely at variance with our principles of justice; and I can find no authority for it anywhere.

"The practice of searching persons in custody is simply a police regulation for purposes of safety, to prevent suicide, and for the discovery of stolen property, and has no analogy to searching a woman's person in order to obtain evidence of concealment of birth.

"The coroner issuing such an order, and the medical man acting under it, would alike be liable to heavy damages in an action; and every surgeon acting under the orders of the police or any other authority, is bound to see that the order is not in excess of their jurisdiction.

"Whether any, and if so what, change in the law on the present subject is desirable, is a matter not now in debate; but the question, whenever opened, will prove to be a very wide one."

We find that the medical is not the only world in arms on this question; for, from a document which has reached us, we learn that "a Committee for amending the Law in points wherein it is injurious to Women"—of which ELIZABETH C. WOLSTENHOLME is hon. secretary, and LYDIA E. BECHER, hon. treasurer,—has attacked both the Home Secretary and the Lord Chancellor on the subject, but without getting an opinion from either. The Chancellor very naturally "declines to express an opinion on the legal powers of coroners"; and points out that "the proper and regular mode of determining legal questions is by instituting legal proceedings, and not by private inquiry of a judge." It is evident, therefore, that the "Association" will be prepared to proceed against any medical man who may put himself within the clutches of the law by any unauthorised proceedings in respect of any woman; and the profession must take warning accordingly.

As we have a shrewd suspicion that the action of the Association referred to is mainly directed against the Contagious Diseases Acts, we may remark that the Acts in question expressly authorise and legalise the examination of women with a view to the detection of disease; but that even they do not authorise an enforced examination, though they provide for the punishment of those who do not voluntarily submit.

THE Oxford authorities have resolved that there are no sufficient sanitary reasons for postponing the return of the members of the University; but that it is desirable that special precautions should be taken against the introduction of small-pox; and that all servants, laundresses, &c., be required to give information of any infectious disease in their houses on pain of immediate dismissal. The students who have not been recently vaccinated, are recommended to be vaccinated before they return to College.

Medical Annotations.

"Ne quid nimis."

THE COMING SESSION.

THE winter session, which opens on Monday next with the usual formalities, will doubtless be as pregnant for good and evil to the young men who are entering upon their business of life as any of its predecessors; but for the schools themselves, and to a certain extent for the profession at large, the present year has some unaccustomed points of interest. *Imprimis*, we have the addition of a palatial establishment to the number of the London hospitals and medical schools; and St. Thomas's, emerging from the overshadowing influence of Guy's, will for the first time have a fair opportunity of showing what it can do in the way of attracting and teaching medical students. Having apparently had the pick of the schools, it is to be presumed that the treasurer of St. Thomas's has taken care to secure the very best men for the offices which were vacant; and though it must necessarily take some time before colleagues thus brought together can become imbued with the *genius loci* and develop into true disciples of the doubting apostle, we trust that the new blood thus imported may improve the tone of system and quicken the rate of circulation in a body which has of late rather dropped behind in the great race of progress.

Having regard to the teaching power existing in London, we cannot but regret that no progress has as yet been made towards that concentration of scientific instruction which we urged repeatedly last year. We have again this year eleven schools competing for patronage and professing to give full instruction in every subject of the curriculum, when it is perfectly well known to every scientific man that there are not that number of teachers of the more scientific subjects who are really competent to give the required courses of lectures with that completeness which every school should guarantee. The new subjects introduced into the curriculum have raised still further difficulties, and it is interesting to notice how these have been met at different schools. The course of Practical Physiology must be attended this session by all second-year's men; and, without wishing to draw invidious comparisons, it must be concluded that the instruction is likely to be more complete where there is a separate teacher appointed with a distinct remuneration, than where the lecturer on physiology himself undertakes the duty in addition to those of his chair—well known to be one of the most arduous to fill satisfactorily. We notice that one school has subdivided its course into Physiological Chemistry and Histology, and this may be a convenient method in many cases. The same remark applies to the course of Practical Surgery, also instituted for the first time in most of the schools, and more than one school has divided the chair among the junior members of its surgical staff. It is true that the regulations of the College of Surgeons permit the delivery of the courses of Surgery and Practical Surgery in alternate years, and where the lecturer on theoretical surgery is also the teacher of practical surgery, this plan may be advisable; but at the same time it appears to us scarcely worthy of any school of standing that such an important course as that of surgery should become biennial.

The amended Anatomy Act has given facilities for procuring a supply of subjects ready for the opening session, and we may hope, therefore, that the study of practical anatomy will be entered upon with all the ardour of a novel pursuit. Only a few schools have, we understand, availed themselves to any extent of the permission to preserve bodies during the autumn months in preparation for the winter session, and we shall be anxious to learn how the systems of preservation have succeeded, and only hope dissection will not prove the subjects to be veritable "whited sepulchres."

Lastly, we would say a word of welcome to those who are now joining the ranks of the body medical. Let them be assured that, though difficult and arduous, the course they are entering upon is an honourable and a holy one; that they have but to strive to obtain both knowledge and power, and, whether they should be crowned with great success in after-life or not, they will look back upon their well-spent student career as the most delightful period of their manhood.

THE ROYAL ORTHOPÆDIC HOSPITAL.

DR. ALDIS, the Medical Officer of Health for St. George's, Hanover-square, has visited the Royal Orthopædic Hospital. He was accompanied by one of our sanitary commissioners, and was conducted over the whole establishment by one of the committee and the secretary.

The result of this inspection was to prove that the structural arrangements of the building are immeasurably below the requirements of a modern hospital. The house in Hanover-square is a finely decorated mansion, with large and lofty rooms on the ground and first floors. None of the rooms have either special or thorough ventilation, and as the windows are generally on one side only and do not reach the ceiling, there is little or no change of air. In the ward named "Prince of Wales" the state of the air was at the time of the visit extremely foul. The upper rooms are utterly unfit for hospital purposes. The second floor is only 10 ft. 6 in. high, and the attic only 8 ft., whilst in neither is there any thorough ventilation. All the rooms of the house communicate with a central staircase having very small openings at the top. There is an unavoidable mixture of the air throughout the building. The closets are all clean and in good order, but they open on the landings, and have no outside ventilation except by the windows. In no part of the building is there a proper amount of cubic space or ventilation. Victoria Ward is the largest and best in the hospital. It contains twelve beds, but there are only 813 cubic feet to each. In other wards the crowding is much greater. In Cambridge Ward there are six beds, which would give but 477 cubic feet to each. Happily there were but four patients, but even this gives only 710 cubic feet. It can scarcely be wondered at that the air is offensive, or that diphtheria should prove fatal.

At present the hospital is supposed to be capable of receiving fifty patients. Only eighteen beds are appropriated gratuitously. Seven belong to distinguished patrons, who generally keep them filled; and twenty-five are occupied by persons paying ten pounds each. So that, if the requisite amount of space (1000 cubic feet) were given to each bed, there would be absolutely no room left for patients who could not afford to pay. Considering that so many deformities are the result of defective constitutional power, it is a great drawback to the site that the patients have no airing-ground; and it may become a serious question for the Committee to determine whether it would not be wiser to remove the hospital to a suburban site. The present house has been purchased on very advantageous terms, and if sold the proceeds would probably enable the Committee to build an excellent hospital elsewhere. Should the Committee, however, determine to retain their present building, they must make up their minds to a very considerable outlay. They should throw the front and back rooms into one large ward in order to obtain adequate ventilation; they must remove the baths from the

wards; they must raise the roof in order to make the attic fit for occupation, and improve the accommodation for the resident officers and nurses; and they must introduce some system of ventilation throughout all the wards.

The out-patient department is conducted in what was formerly the stable and coach-house, and in this also the secretary lives. It is fair to state that the accommodation provided for this officer is by no means excessive. We were informed that the Committee inquire into the social condition of the applicants for admission, with the object of preventing abuse; but it is somewhat curious that one of the most prominent questions asked is, whether the applicant pays income-tax or not.

We were assured that the Committee are fully alive to the necessity of taking immediate steps to make the hospital what it should be. At present its arrangements are considerably below those of a workhouse. Happily, benevolent persons will not be satisfied with this; indeed, the principles of sanitary science are now admitted to be so important in the treatment of disease that the Committee may rely upon it that public support will not be wanting to any institution which cordially adopts them. We trust that the structural improvements will lead to a reform in the other matters on which complaint has been made.

THE MEDICAL CLUB.

THE annual general meeting of the above Club will be held on Wednesday, October 11th, at 2 P.M., when the following members of the Committee, retiring by rotation, will offer themselves for re-election—viz., Sir William Fergusson, Bart., Sir T. Galbraith Logan, K.C.B., Sir C. R. McGrigor, Bart., Sir J. Ranald Martin, C.B., Dr. Swettenham, Deputy Inspector-General of the Army, and Erasmus Wilson, Esq., F.R.S. A banquet upon the reopening of the Club will take place on the same day at 8 o'clock, Sir William Fergusson, Bart., in the chair. Tickets, to include wine and dessert, one guinea each. Members desirous of securing seats for themselves and friends are requested to apply for tickets on or before October 2nd.

The Club, established in 1866, now consists of about 600 members. Owing, however, to the absence on foreign service of many of the medical officers of the army and navy who are members of the Club, there is accommodation for a larger number. We have so frequently indicated the special advantages afforded by the institution that we need not refer to them now. Alterations are in progress for enlarging the rooms, which promise to add to the convenience and comfort of the members. Those who intend joining the Club may be glad to know that they can do so at the present rate of entrance fee and subscription until one hundred new members have been elected.

PROFESSIONAL ETIQUETTE.

A CORRESPONDENCE which we publish on another page raises, not for the first time, the question whether the medical referee of an accident insurance office is justified in calling upon the patient of another practitioner without giving the latter due notice and the opportunity of being present. Mr. Ewens, of Cerne Abbas, finding that Mr. MacEnery, of the same place, had, in the capacity of medical referee of the Railway Passengers' Assurance Company, visited a patient of his without previously informing him, complained to Mr. Vian, the Secretary of the Company, from whom he received the following very satisfactory official statement: "It is not the Directors' wish that their medical referees should visit the patients of other surgeons without previously advising them of their intention to do so." Mr. Vian proceeds, however, to point out that he and the medical referee are often placed in difficulty from the injured claimant neglecting to state who his medical adviser is, and this appears to have been the case in the instance referred to by Mr. Ewens.

With regard to this case, which occurred in July last, Mr. MacEnery is to be exonerated from blame, since, in reply to Mr. Ewens's complaint, he explained his ignorance of the latter gentleman being in attendance, and his regret at having interfered with the treatment. The same thing cannot, we regret to learn, be said of Mr. MacEnery's proceedings in a similar case during the present month, for he had then been informed by Mr. Vian that Mr. Ewens was in attendance, but chose to ignore that gentleman altogether, and to take no notice of his letter of remonstrance. Mr. MacEnery may still be of the opinion expressed by him in his first letter to Mr. Ewens, in which he says, "I cannot agree with you that, as medical referee to the Railway Passengers' Assurance Company, I am bound by any rule of professional etiquette to apprise you of my visit"; but it is evident that he has no official support for his opinion, and we beg leave to inform him that he has most indubitably transgressed one of the best-ascertained rules of professional etiquette—without which, indeed, it would be impossible to carry out our professional duties—that no medical man shall visit professionally the patient of another without his knowledge and consent.

GROWTH OF MEDICAL CHARITIES.

THOSE who take an interest in a question of considerable social as well as professional importance—namely, the use and abuse of our public medical charities, will find in the Registrar-General's Thirty-second Annual Report some facts which appear to us suggestive of what indiscriminate benevolence may be expected to eventuate in, if it is allowed to proceed unchecked in the future as in the past. The Census Commissioners in 1861 published very full information relative to the public charitable institutions existing at that date, and it will be interesting to compare the results then obtained with those of the recent Census, of which we may expect the particulars when the Report for 1871 appears. But meanwhile the Registrar-General gives, in his Report on the deaths during the year 1869, data from which we infer that when the figures of the Census of 1871 are finally made up we shall find that hospitals of all sorts and sizes have so largely increased in number within the last decennium as to raise grave doubts whether "the great principle of practical benevolence," to whose active working the growth of such institutions was attributed in the 1861 Report, has not since overshot its mark, and degenerated into that perversion of "practical benevolence" which stands condemned by the wise old maxim, "Be just before you are generous." In 1861, the total number of hospitals, great and small, throughout England and Wales, was 180, whereof 44 were located within the metropolitan area. In the year 1869 there were registered 9747 deaths in 241 hospitals, exclusive of small institutions, such as the majority of cottage hospitals, thus showing a numerical increase of 34 per cent., which will perhaps be raised to nearer 50 per cent. when the complete returns of all the hospitals existing at the Census of 1871 are made up. Exclusive of the patients in military and naval hospitals, and in the sick wards of workhouses and prisons, there were in 1861, in the hospitals of England and Wales, 10,414 patients, by comparison with 8617 in-patients at the Census of 1851; the ratio of in-patients to the gross population increased from one in 2080 in 1851, to one in 1927 in 1861. We shall look with interest for the corresponding ratio in 1871, but that it will show a further marked advance of the

eleemosynary tide we have little doubt. As regards the distribution of hospitals in different parts of the country, we note the fact that, according to the figures for 1869 (which, as already mentioned, do not comprehend the very small institutions), there is in London and the south-eastern counties a hospital to about every 60,000 of the population; in the south-western, northern, and Welsh counties, one to every 80,000 or 90,000; in the eastern and west midland counties, one to every 100,000 or 110,000; in the south midland and north-western counties, one in 130,000; in Yorkshire, one in 140,000; and in the north-midland counties, one in 156,000. And further, we observe that out of every 100 deaths registered in England in 1869, eight took place in a hospital or a workhouse; this proportion varies in different localities, ranging from 15 per cent. in London to 4 per cent. in Wales. The ratio to total mortality in London of hospital deaths was 6 per cent., and of workhouse deaths 9 per cent.; the average proportion of hospital deaths in the rest of England and Wales was less than 2 per cent. of the total. It is a matter of great regret that the statistics of our public charitable institutions have been so neglected by the Government statists that no attempt to give anything like a comprehensive view of them has hitherto been made oftener than once in ten years; but the Registrar-General, by publishing the deaths occurring in those institutions in 1869, has broken through the former routine period, and we trust he will in future give the same information every year in his Annual Reports.

POOR-LAW MEDICAL SALARIES IN ISLINGTON.

SOME time ago we had occasion to compliment the authorities at Gwydyr House on their drawing the attention of the guardians of Islington to the inadequate salaries of some of the district medical officers, and, as a consequence, there was a considerable augmentation of some of them. The new arrangements created some jealousy on the part of those whose salaries were not raised; and the question, although considered fairly settled by the guardians, has been reopened by the Local Government Board. It is necessary to explain that originally the districts were divided as fairly as possible, and all the salaries fixed at £75 per annum, with the understanding that every medical officer should receive £100 a year after a service of seven years. In accordance with this arrangement, the salaries of Drs. Harston, Greenwood, Cotton, and Donald were £100 each, and those of Drs. Ducat, Simpson, Wilkinson, and O'Connor £75. At the suggestion of the Local Government Board, the Guardians raised the salaries of Dr. Wilkinson to £100, and of Dr. O'Connor to £120, his having been proved to be a very heavy district. Upon this the Local Government Board have again stepped in, and they now recommend that the following deductions shall be made from the present salaries—viz., £5 a year from Dr. Harston, £25 a year from Dr. Greenwood, £10 a year from Dr. Donald, and £5 a year from Dr. Cotton, and that the salary of Dr. Simpson shall be raised from £75 to £90 a year.

The guardians have requested an interview with Mr. Stansfeld to protest against these proposals. They say that the salaries have been arranged on the faith of a contract; that they have been in operation, with the sanction of the Government, for some years; that they are not excessive, and that the advance at the end of seven years' service secures for the poor the continued services of gentlemen who have the confidence of the guardians.

It seems to us that the proposed reductions are exceedingly paltry. These gentlemen are all old officers. Some of them have been deprived already of their post of public vaccinators, and now they are to be mulcted of further sums to gratify the whim of the central board, for it is obvious that there is no principle in what has been proposed. Interference in this direction, and to such a contemptible extent, in opposition to guardians who are not by any means noted for their liberality, much less for their extravagance, is not likely to conduce to the popularity of the new board.

THE NEW SYDENHAM SOCIETY.

THE Council of the New Sydenham Society has paid a graceful tribute to the labour gratuitously undertaken on their behalf by the numerous local secretaries scattered through the country by presenting to each a handsome portfolio, containing the photographic portraits on a large scale of the five past Presidents of the Society. It has long been felt by the Council that it has been largely due to the exertions of these unpaid officers that the New Sydenham Society has enjoyed in the past such a wide range of usefulness, and that its present position affords such good promise for the future; and at the annual meeting of 1869 a vote was passed requesting the Council to find some means of giving expression to this feeling. The portfolio, with its valuable contents, is the result, and will, we feel sure, gratify the recipients, both by recognising their services and by offering to them very valuable mementos of honoured faces.

The portraits include Sir Thomas Watson, Sir James Paget, Dr. C. J. B. Williams, Mr. John Hilton, and Dr. Stokes of Dublin. The photographs are by the London Stereoscopic Company, and are excellent portraits, with the exception of that of the last-named gentleman, which is not from life, but from a painting which does scant justice to the original.

We may take this opportunity of congratulating the Council and members of the New Sydenham Society on the completion of Trousseau's Lectures on Clinical Medicine. The profession in England has thus in its hands the teachings of one of the most enlightened masters of the healing art, while in the range of subjects, and in the ability with which they are treated, he is unequalled. We could wish that the Council of the Society would now turn its attention to some of the valuable monographs on medicine and surgery which so constantly issue from the German press, since to one reader of scientific German there may be counted twenty readers of French among professional men in England.

HARVEY TERCENTENARY MEMORIAL.

CERTAIN other particulars concerning the public meeting held at Folkestone on September 6th remain to be added to our notice of this subject on Saturday last.

Not only was a communication received from Sir James Paget, but letters were also read from Dr. Burrows (President of the College of Physicians), from Mr. Busk (President of the College of Surgeons), from Sir James Alderson, Dr. Bence Jones, Lord Granville (Lord Warden of the Cinque Ports), and Baron Meyer de Rothschild (M.P. for the borough), in all cases expressing the warmest sympathy with the object of the meeting, and promising pecuniary support. That the statue of Harvey, which it is intended to erect at Folkestone by April, 1878, the three-hundredth anniversary of his birth in that town, may be a truly national monument to so great a man, the subscriptions will be of all ranges, so as to suit the varying resources of medical men. The visitors to Folkestone, who yearly derive, as Mr. Simon said, such great benefit from the salubrious situation of the town, should strive to help Harvey's fellow-townsmen in their undertaking. To carry out the object worthily, a sum of £3000 at least will be required;

but this, we expect, will be collected, if the profession will put its shoulder to the wheel, and each one, to the best of his ability, promote the movement. The meeting at Folkestone determined to ask for the aid and co-operation of the Royal Colleges of Physicians and Surgeons, and the learned societies at home and abroad; and we hope the appeal may be favourably entertained.

We have been asked to add that all cheques should be made payable to the "Harvey Tercentenary Memorial Fund," at the Western Branch of the Bank of England, Burlington-gardens, W.; that Dr. Bence Jones, 84, Brook-street, W., is the hon. treasurer to the fund; that Mr. George Eastes, M.B., 5, Albion-place, Hyde Park-square, W., a native of Folkestone, the originator of the scheme, and Mr. W. G. S. Harrison, B.A., Town Clerk of Folkestone, are the conjoint hon. secretaries; and that subscriptions may be sent to either of these three gentlemen.

THE AUSTRIAN EXHIBITION.

AT Vienna an International Exhibition is announced to be opened, under Imperial auspices, on Mayday, 1873. Every industrial product will be represented, the group of military accoutrements embracing all contrivances for the equipment of the army and the tendance of the sick and wounded. Under the head of architectural and engineering objects will be included plans or representations of infirmaries, asylums, cottage-hospitals, and dwelling-houses. The educational group will contain a representation of all such objects as are used for the support and rearing of the child in infancy—its physical and psychical development from the first days of its life to the time of its being placed at school. Combined with the Exhibition will be courses of lectures illustrating the objects represented, while it is also in contemplation to arrange international congresses of learned men belonging to the scholastic, medical, and other professions, to discuss questions of international import. The Chevalier de Schäffer, director of the Austrian Consulate General in London, whose great experience in organising most of the Exhibitions of late years eminently qualifies him for the task, has been commissioned to conduct the arrangements preliminary to the sending of contributions from Great Britain.

THE SOUTHAMPTON GUARDIANS.

THE Southampton Guardians have capped their recent achievement, the appointment of a professing homœopath as a union medical officer, by a piece of impertinence so astounding as to be almost incredible. The other medical officers addressed a letter to the Local Government Board, praying that the appointment might not be confirmed, and calling attention to a minute of the old Poor-law Board under which a homœopath was ineligible. The guardians thereupon passed a resolution expressing their regret that the medical officers "should have so far forgotten themselves as to have written to the Local Government Board" upon the subject, and they instructed their clerk to send a copy of this resolution to each of the gentlemen in question. Opinions differ, but in our judgment the medical officers have taken an extremely proper course, and we trust that they will not materially suffer from the resolution which has been addressed to them.

There is some danger, however, lest the proper ground of opposition to this appointment should be lost sight of in the heat of controversy. That ground is, that no one ought to be placed in charge of the sick poor who professes to depend entirely on some particular specialty or peculiarity of treatment, and who is thus shut out, *ipso facto*, from the general principles of therapeutics, and may for that reason be obliged to offend the prejudices of the sick, who are most concerned in the matter. Private persons may go to what doctors they please; but it is the duty of the State to provide that its medical officers should be, in the widest sense of the term, general practitioners, and not curtailed in their usefulness by the chains of some narrow hypothesis or some peculiar crotchet. This is the simple principle by which the point now at issue should be decided by non-medical judges.

SCHOOL-HOURS AND SCHOOL-BOYS.

SOME discussion has taken place of late on the subject of schools and school-hours. It has been alleged that school-boys (spite of the long holidays that they enjoy) are worked for too many hours in the day, that they become fagged, and that occasionally their health is deteriorated by over-work. We are inclined to believe that, under our modern system of education, this is not unfrequently the case. We do not now pronounce any opinion on the relative merits of working before breakfast or during the evening; but we will venture to indicate some of the results of our observation. There are of course in every school boys of different constitutions and temperaments. The cool, unimpressionable boy—the boy who does not "fret" his machinery in the working of it—generally possesses a reserve of latent energy, and he does not seem to be easily injured by any reasonable amount of wear and tear of mind and body. He probably has a capital digestion and a good capacity for sleep. On the other hand, the quick, intelligent boy, whose aptitude for learning makes up, and often more than makes up, for his relative want of power, is very likely to be injured by over-work, and especially by mental application at night carried on to bed-time. He goes to bed physically weary, perhaps, but in a state of more or less mental tension; he lies awake for some time, or his sleep is disturbed, and he rises in the morning feeling less refreshed than he should do. Gradually such an one loses his appetite, suffers from biliousness, gets chalky in complexion, and spiritless or emotional. The physician prescribes alteratives with tonics, but without much benefit, for the boy lacks nerve-force, which can only be restored by rest and change of scene. These cases are not so uncommon but that most physicians must have seen them in their practice. We believe that by far the best method to be pursued is that which gives a boy the necessary amount of work to be done, and allows him to do it in any way and at any time, so that it is properly done. So soon as this has been accomplished, a boy ought to be allowed to occupy his spare time in the play-ground. It seems to us that more would be got out of boys in this way, and that what was learnt would be learnt more thoroughly.

A BISHOP ON HOSPITALS.

THE Lord Bishop of Winchester, when recently presiding at the opening of the new building for the Reigate and Redhill Cottage Hospital, made the following remarks in connexion with hospital work:—

"In regard to these cottage hospitals themselves, there has been, I know, in some quarters a jealousy about them, as if they were in some measure or other put in rivalship with the great hospitals of the land. I believe it to be an entire mistake. There is no sort of rivalry between them. The great hospitals must continue. Everyone has an interest in their continuance; not only those who may themselves one day be inmates of them, but every man, because it is in those great hospitals, as in schools of learning, that our medical men who come to minister to us, in our own families, learn the secrets of their great healing art. Therefore, because first of all they are a means of

ministering to suffering, and secondly, because they are the school of medical art, all classes of society have a direct interest in keeping up our great hospitals in their splendour, extent, and wealth.

"But there is a distinct sphere of charitable work which belongs to the cottage hospital, which is subsidiary to the great hospital, and which the great hospital cannot as completely do as the cottage hospital can. Everyone who is familiar with the working of large hospitals, as I have long been as a governor of one of them, knows this—that the attempt to remove a sick person altogether from the home influences is almost the same thing as executing sentence of death on the patient. Now, you cannot by any possibility have a great hospital at the door, as it were, of each sick case; but for those cases to have a cottage hospital within the radius of the family circle, and yet where they can be given, in space, and air, and medical attendance, what cannot be given in the cottage of the sick man,—that is the truest and most philosophical administration of charity for the remedy of man's sufferings. Therefore, in that respect, and, secondly, in affording a place near at hand where those cases which, for various reasons, cannot well be removed—such as accidents, cases of sudden seizure, and the like—can be taken, the having a cottage hospital close to a population like this, is one of the greatest boons that can be given to suffering humanity, and it is free from one of the greatest difficulties of administering charity."

SCIENCE AND NATIONAL DIFFERENCES.

L'Union Médicale of Sept. 23rd, 1871, contains a report of two meetings of the Medico-Practical Society of Paris, the latter on June 28th, at which it was resolved to exclude all members belonging to German nationalities. Several facts were mentioned at these meetings affecting German military medical officers, who, it was stated, had not scrupled to pillage the libraries of their professional brethren, taking away collections of books, manuscripts, and even medical note-books. It was stated that Dr. Deguise, very advanced in age, was severely handled by Prussian soldiers in the neighbourhood of Paris, upon the order of a Prussian doctor, and died the next day. The Société de Biologie, of Paris, has come to a resolution quite contrary to the above. A committee had been appointed to consider the question. They have just presented their report, and conclude that, as the learned of Germany were not responsible for the acts perpetrated during the war, exclusion is neither just nor advisable.

THE BURROWS TESTIMONIAL.

A MEETING of the General Committee in connexion with this fund was held last week at Brighton to receive the report of the sub-committee, from which it appears that the testimonial will consist (1) of a silver model of the fountain on the Steyne, suitably inscribed, (2) tea and coffee service with silver kettle, and (3) a carriage and horses of Mr. Burrows's own selection. The subscriptions have amounted to nearly £630. The presentation will be made by Dr. Griffith, at a public meeting to be held in the Music-room at the Pavilion, on October 13th, after which Mr. Burrows is to be entertained at a banquet, at which the Mayor of Brighton will preside.

A "GIFT HORSE."

THE guardians of the Forden (Montgomery) Union have availed themselves of an opportunity of "snubbing" a Government inspector, and no doubt feel their importance much increased thereby. It appears that Dr. Stevens, one of the Local Government Board Vaccination Inspectors, being at Aberystwith, took it into his head to attend the board meeting of the Forden guardians, in the expectation that the guardians would be glad of his advice and assistance, as he could put them in possession of many facts in connexion with the details of vaccination which would be serviceable. Dr. Stevens, however, reckoned without his host, the guardians objecting to hear him as he had not notified to their clerk his intention of being present. So after the inspector had expressed his regret that he had "travelled so far for nothing," the local reporter says that an awkward pause ensued, which ended by Dr. Stevens wishing the board "good morning" and leaving the room. It may have been injudicious on Dr. Stevens's part not to have first ascertained whether his visit would be welcome or otherwise, but that does not absolve the guardians from an imputation of churlish behaviour, as well in declining to hear what Dr. Stevens had to say, as in making their snub unnecessarily offensive by allowing him to leave without the ordinary civility of thanks for good intentions.

LABUAN.

WE called attention some time ago to the sickness and mortality among a detachment of the Ceylon Rifles stationed at Labuan. The principal disease from which the men suffered was beri-beri, once common enough in Ceylon, but now no longer known there. The detachment was removed from Labuan, and replaced by another from Ceylon. We learn, however, that malarious diseases, and the affection known as beri-beri, which is doubtless intimately allied in its causation with malarial conditions, still continue to prevail among the men of the Ceylon Rifles. It was proposed some time ago to remove the military force altogether, and replace it by police; but we have not heard whether this has been carried out. The inmates of the convict establishment at Labuan do not seem to have suffered from the diseases affecting the troops.

SANITARY DIFFICULTIES IN BOMBAY.

THE last quarterly report of the medical officer of health for the city of Bombay shows how universal is the difficulty which preventive medicine has to encounter in the question of cost. Dr. Hewlett complains sadly of the reductions which he has been required by the municipality to make in the sanitary staff of the city, and which he declares have now reached a point at which efficient conservancy can be no longer carried out. The distribution of disinfecting powder, a boon highly prized by the inhabitants, has been greatly curtailed; and the scavenging strength has been so cut down that "the town generally will have filth lying about in all parts of it," instead of being quickly and efficiently removed, as it used to be. And all this mistaken economy in the face of a rising death-rate and an unhealthy season.

THE WATER-SUPPLY OF CHESTER.

CHESTER is supplied with water from the river Dee, which, like many of our rivers, suffers from sewage. Before being distributed to the city the water is, however, very efficiently filtered by the Water-works Company, and, as we learn from recent analyses, is just in the same condition as the water furnished by the majority of the Thames Companies to the metropolis. It contains 0·01 part of free ammonia and 0·07 parts of albuminoid ammonia in one million parts of water. It appears that the Chester Town Council had been thrown into a state of alarm by an analysis made by a local chemist, who had reported that the water was in a very extraordinary state of impurity.

THE £1000 DONATIONS.

WE have twelve additions to make to the lists we have already published of the £1000 donations. The Royal London Ophthalmic Hospital, Moorfields, has received four such donations; the Royal Free Hospital, Gray's-inn-road, three;

the Small-pox Hospital and the Royal Westminster Ophthalmic Hospital, two each; and the National Orthopædic Hospital, Great Portland-street, one. These raise the total number of donations to ninety, and the total money value of the big gifts to £108,000!

WE are requested to state that the introductory address at the opening of St. Mary's Medical School, which will be delivered by Dr. Alfred Meadows in the anatomical theatre at 8 P.M. on Monday next, will be followed by a *conversazione* in the board-room of the hospital.

DR. JULIUS POLLOCK has resigned the lectureship of Medical Jurisprudence at Charing-cross Hospital, and has been succeeded in that chair by Dr. G. V. Poore, who is at present registrar to the hospital.

THE Registrar-General states that in Königsberg the mortality from cholera during the six weeks ended 31st August last was at the annual rate of 69 deaths to every 1000 of the population.

THE small-pox epidemic in London, which had for some time been declining, exhibited last week a tendency to increase, the fatal cases (89) being more numerous than in either of the five preceding weeks.

WE are asked to state that the Introductory Address at the Liverpool School of Medicine will be delivered on Tuesday, Oct. 3rd, at 3 P.M., instead of Monday, the 2nd of October, as previously arranged.

THE first meeting of the Medical Society of London will be held on Monday, the 16th of October.

HOSPITAL PROVISION FOR CONTAGIOUS EPIDEMIC DISEASES.

No. II.

BEFORE proceeding to the further consideration of hospital accommodation for contagious epidemic diseases, it is perhaps desirable to make a few remarks on the letter of Mr. Hardie which we published on the 16th instant. In the first place, it is recommended clearly by the Sanitary Commission that the administration of sanitary affairs in rural districts should be entrusted to boards of guardians; and, as a preliminary to this being effected, the law has already amalgamated the sanitary authority with the Poor-law Board. In our previous article the question as regards towns was not discussed; and Mr. Hardie is undoubtedly correct in saying that the sanitary authority will be the municipal body, the improvement commissioners, &c., as the case may be. But, in the case of towns, we regard this separation of the health and destitution authorities as a great blot which will have to be remedied. Note, for example, the anomalous position in which the medical officer of health would be placed. He is appointed by one body, and if he is to have the assistance of the Poor-law district medical officers as deputies—and this he certainly requires—they will be under other control. So, also, the relieving officers have, of all persons, the best opportunities of reporting sanitary defects, and to exclude them from the sanitary system would be most unwise. Besides, the medical officer of health would owe no allegiance to the Local Government Board, because those who appoint him are subject to the Secretary of State for the Home Department. It therefore seems absolutely necessary that the destitution and health authorities in towns should in some way be amalgamated. This would easily be done by doing away with boards of guardians in boroughs as a separate authority. Let the relief of the poor be administered by a committee of the Town Council in the same way as is the lighting, paving, cleansing, or police. Many secondary advantages would follow. There would be an election the less, and the poor-rate would disappear as a separate rate. The persons elected would be of a superior class, because the post of councillor enjoys a higher public estimation than that of guardian. The administrators of relief would be subject to a wider public opinion, because their conduct would be reviewed by the whole municipal body. The medical officers would be better treated, and probably better paid. Officers of health and relief would all be subject to the same masters, and practically engaged in the same duties—viz., the prevention and cure of diseases. All public expenditure being in the hands of one body and derived from one source, and the whole control being vested in the municipal authority, that authority could institute a distinction between paupers and independent poor if they should think it wise or find it practicable to do so; or, uniting the public hospitals in one administration, they would have full power to make those pay who can, and let off those who cannot.

The second important question is whether the hospital accommodation for fever, small-pox, &c., should be permanent or temporary. The objections to permanent hospitals are many and cogent. The first is that it is extravagant to erect permanent structures for what is generally a temporary occupation. Permanent hospitals are very costly, and involve the employment of a staff to keep them in order and ready for every emergency. In the next place, permanent hospitals are often very inconveniently placed at a distance from the seat of the prevailing epidemic. This involves considerable danger to the patients, on account of long transport, and danger to the public by the exposure of the patients whilst *en route* to hospital. Permanent hospitals, if large, are liable to become foci of contagion, and if small they are not sufficient to meet the requirements of the epidemic, if it should extend. There should undoubtedly be permanent hospitals in cases where contagious disease is endemic. It is impossible to conceive of the total disappearance of typhoid and typhus fevers from London and the large manufacturing towns, where the conditions for the generation of these diseases are always present; and even in the rural unions there should be *some* permanent provision for the isolation of the first cases. But we believe that, as a principle, it will be better to rely upon the erection of temporary hospitals whenever contagious diseases really assume an epidemic form. A gigantic experiment has been made in London in the erection of permanent hospitals, and the larger towns will do wisely to wait for the result before they adopt a similar course. Very large sums have been expended in the erection of fever and small-pox hospitals, and it may happen, after the subsidence of the present epidemic of small-pox, that they will remain long empty. The metropolitan hospitals are fitted up with a view to their permanent and complete occupation. The cooking apparatus, the laundry, the steam-engines, &c., are all very ill adapted for economical use by a small staff, and if not used from time to time all such apparatus falls out of repair, so that when the emergency should arise again, great delay and expense may be incurred before they can be used. Even the medical officers will be liable to rust for want of occupation; in fact, we hold it extravagant, unwise, and almost impossible to provide permanent accommodation capable of meeting the fluctuating requirements of epidemic disease.

Whilst, then, it is necessary to have permanent hospitals of moderate size in towns, and separate wards for the reception of a few fever cases in the country, the main provision for the treatment of epidemics should be temporary. And the next question is, What form of temporary hospital is best. During the late epidemic of small-pox in the metropolis every possible expedient was had recourse to, of which the following were the chief:—

Casual Wards.—Wards for the nightly accommodation of tramps are to be found in every union, and when fitted up they have often been utilised as temporary hospitals. At St. Luke's, Middlesex, many were treated in the casual wards at the very beginning of the small-pox epidemic.

A special matron was put in charge, and the food was supplied from the workhouse. The arrangements were very defective. The disease extended to the inmates of the workhouse, and the use of the building was given up as soon as sufficient hospital accommodation was provided elsewhere.

Houses.—In Westminster some vacant houses were used, the rooms being made to communicate by openings in the separation walls. The objection to houses is their situation, for it is found impossible to secure them in open neighbourhoods. The one in Millbank-street was situated on the river bank, and overlooked a dust-heap. There are generally difficulties also in providing adequate ventilation. There were 46 cases admitted to this hospital, only 2 unvaccinated; 20 were confluent, 8 severe, and 18 modified. The deaths were 6 vaccinated, and 1 unvaccinated. A fee was paid with all the patients. It will be seen that the cases were more than usually severe, and the mortality high. Houses should only be had recourse to as a last resource.

Warehouses.—In manufacturing towns warehouses may be occasionally found suitable for the treatment of small-pox; but, as a rule, they are objectionable, both as regards situation and internal arrangement. There is a general deficiency of light and ventilation, and an absence of lavatories and latrines. The staircases are generally inconvenient and open, so that any of the following expedients will be found preferable.

Iron Houses.—In the metropolis the larger number of temporary hospitals provided by the vestries have been made of iron. Two wards at Marylebone are fair examples. One was erected during the cholera epidemic in 1859, and that proving insufficient, a second was built in February. The erection was completed in five days. The sides and roof are of corrugated iron fastened on wooden joists, and the whole lined with match-wood. Dr. Whitmore says of them that "they were sufficiently lofty and capacious, that they admitted of free ventilation, and were free from damp." In the severe weather they could be maintained at a temperature of 50° to 55° Fahr. On the other hand, draughts would find their way in, and the use of screens and curtains was necessary. The male and female wards being under the same roof, it was difficult to keep the patients separate; whilst the closet accommodation being also bad, it was impossible to secure proper privacy. In Marylebone the convalescents were sent to the casual wards, where they recovered rapidly. Other iron hospitals have been used in Westminster, St. Pancras, St. Luke's, and other parishes. Those of St. Luke's are superior. They consist of two separate wards, each 20 feet wide, 48 feet long, and 10 feet high to eaves. At the end of each are scullery and nurses' room, and leading off from the ward is a separate closet with external separate ventilation. The windows are too small, and the roof ventilation is inadequate, but during the cold weather there was probably sufficient ventilation. The kitchen, laundry and dead-house are separate buildings, conveniently placed, and the hospital had the great advantage of being situated in the very midst of the very dense population of Golden-lane. Many patients were admitted who would not have borne removal to any of the metropolitan hospitals, and who could not have recovered in the wretched dwellings near. In the course of the epidemic 119 cases were admitted, 76 of which were confluent, 25 semi-confluent, 5 hæmorrhagic, and 93 discrete. 141 were vaccinated, of whom 9 died; and 63 were unvaccinated, of whom 36 died. These figures indicate a peculiar severity in the cases admitted. It is worth noting that this hospital was entirely managed by a matron, having adequate female assistance. The disinfection of clothes, the removal of patients, &c., were effected by the sanitary inspector of the district, under the general direction of the officer of health. The total cost of the building, fittings, &c., was about £1100; and the site, an ancient burying-ground, was rented for two years. The iron structures at Hampstead are much more permanent. The interval between wood and iron is filled up with felt. The wards are 24 feet wide, and afford 2000 cubic feet of space for thirty patients. The ample cross ventilation, the openings in the ridge, the stoves, and the closets are models of good construction. All these wards were erected in the course of a few weeks, and they have the great advantage of being ready for occupation as soon as furnished. The only fault to be found with them is that they are not really temporary, but as hospitals they cannot be surpassed.

Huts.—Wooden structures have been very generally used as temporary hospitals; and of these the very best model is to be seen at Hampstead, where it is in use for convalescent patients. The wards are separate, 20 feet wide, and 12 feet to the eaves. The rafters, instead of stopping at the ridge, are prolonged upwards so as to support a second and higher roof. An open space is thus formed along the whole ridge, which, being patent on both sides, contributes greatly to the ventilation. The windows are numerous and open freely, whilst running along the floor is a board on hinges, whereby an opening is secured throughout the whole length of the ward. The whole structure is well raised above the ground. The sides are constructed of weather boarding, and the roof is of tarred felt. These wards, if fitted with sculleries, closets, and stoves, would be almost perfect as hospitals. It might be found necessary to line the sides with match-wood for winter use, and we would strongly recommend an artificial ceiling of perforated zinc or paper, to prevent the down-draft of large volumes of cold air on any given point. These huts are probably the most simple and economical ever erected. The total cost was only £8 per 1000 cubic feet. As hospitals for the treatment of epidemic disease, and even for surgical operations, they are superior to St. Thomas's, which has cost nearly a hundred times more.

Tents.—The metropolitan experience has completely demonstrated the feasibility of employing military tents as temporary hospitals. They have been freely used at Stockwell and Homerton, and the patients universally prefer them to the excellent wards of the permanent hospitals. These tents were obtained from the stores at Woolwich by an order from the Secretary of State for War. They were put up by a fatigue party of soldiers, and were in several cases fully occupied within forty-eight hours of being ordered. At Stockwell they have been used for convalescents only, ten patients being accommodated in each tent. At Homerton, on the contrary, they have been used for acute cases only, four adults and six children having been placed in each. Dr. Collie has the highest opinion of this mode of treatment, though he suggests that there should be more ventilation in the ridge of the tent. By placing a folded blanket round the shoulders of each patient, and by constant supervision, he has been able to keep his patients practically in the open air by raising the sides of the tent on the leeward aspect. Although the tents were in use in both wet and cold weather, he has not seen a single bad result from draught; on the contrary, he believes that several patients have recovered in the tents who would have died within the hospital. The cost of each tent is £28, and that of the floor and fixing about £12 more.

Ships.—The *Dreadnought* has rendered excellent service by relieving the other hospitals of a large number of convalescent patients. We are of opinion that a properly-fitted hospital ship of moderate size ought to be prepared by the Government for the special use of seaport towns threatened with or labouring under epidemic disease. At the present moment such a ship at Sunderland or Newcastle might stop the entrance of cholera. The *Dreadnought* is fitted with a Warren's cooking stove, which is admirably adapted for the use of temporary hospitals, as it is complete in itself, and extremely economical. It is not adapted to very refined cookery, but good wholesome food and the chief medical necessaries may be prepared by it.

The main difficulty in providing adequate hospital accommodation for epidemic seasons is the acquisition of a suitable site. Everyone objects to the erection of a hospital in his neighbourhood, and the dangers of removal are immensely augmented by distance. We are of opinion that every sanitary authority should be compelled to provide a site within reasonable distance of the locality in which epidemic diseases are most likely to occur. The opening out of a few such sites in densely populated districts would be a great advantage in every way. They would tend to improve the public health, and when not occupied they would form excellent playgrounds for the children; whilst they would familiarise the public with the fact that contagion may readily be isolated even in the most crowded district. It is, indeed, most desirable that all public recreation grounds should be liable to have hospitals placed upon them during great emergencies, but

this cannot be done until the public are satisfied of their safety. In order to this end it should be laid down as an indispensable rule that no hospital should exceed 100 beds, and that the parks and recreation grounds should be utilised from time to time for this purpose.

ALBERT AND STRICKER'S RESEARCHES ON TRAUMATIC FEVER.

In the *Aerztliches Literaturblatt* (No. 6, 871) is a short article on Pathology, of which the following is a translation:—

The last phase in the development of the theory of fever has been an essentially humoro-pathological one. Proceeding from the results of injuries (septicæmia), which strongly support this view, Billroth has taught that simple traumatic fever originates by resorption of the products of inflammation; whilst Bergmann has still more recently advanced the statement that the fluid products of the disintegration of the tissues will produce fever if they are suddenly introduced into the blood in considerable quantities, as after copious bloodletting. The experimental evidence in favour of Billroth's view is the fact that pus of good quality introduced into the blood induces fever. Stricker and Albert corroborate this statement, and find by their method (they measure the temperature in the rectum of the animal at liberty) that the elevation of temperature undergoes a determinate, typical, or periodic change. They adduce a series of control experiments that may here be briefly recorded, the temperature being given in centigrade degrees.

Experiment.	A.	B.	C.	D.
Injection of	2 c. c. of pus ...	20 c. c., ½ per cent. of cina. solution ...	20 c. c. of water ...	Nothing done beyond ligature of the vein.
Temperature prior to injection	39·6° ...	39·3° ...	39·0° ...	39·0°
Rise in temperature after so many minutes	45′ + 1·5° ...	32′ + 1·09° ...	40′ + 1·1° ...	During the operation, + 1·3°
Alteration of temperature after so many more minutes.	33′ − 0·6° ...	48′ − 0·49° ...	2 hs. & 50′ + 0·6° ...	1 hour − 0·6°
From thence onwards rose...		After 60′ + 1·2° ...	... ...	24′ − 0·4° 1 hour 46′ + 0·7° 52′ + 0·6°

To this it may be added that the phenomena observed in experiment D are not constant, since in four animals in which the vein was merely tied, the temperature did not rise in two during the first hour. This control experiment, however, is very valuable, since it shows what may happen when nothing whatever has been introduced into the circulation. Nevertheless the great variation in temperature in A and B during the first two hours is not to be referred to the external injury, but must be considered as the effect of the substance injected (pus). As evidence that the injected fluid produces directly an elevation of temperature the authors refer to the regular elevation of temperature occurring in the course of the second half-hour, previously to which it rises slowly, but then rapidly—one-tenth of a degree Cent. in two minutes, or even in one minute—and then again becomes more gradually elevated. In animals kept firmly bound down this order of events, however, is not observed. During the rise in temperature the animals tremble violently, but when the highest temperature is attained the animals remain perfectly quiet. The rise in temperature, after the lapse of an hour and a half, cannot be taken into consideration, since it occurs in animals that are simply tightly bound down. In one experiment the injection of four-fifths of a cubic centimetre of fresh pus caused an elevation of 2° C. But since so small a quantity of an indifferent fluid would not occasion anything like such an elevation, the question arises whether the intensity of the action is referable to any specific quality of the pus, or depends on the embolism which infiltrated pus always produces. To determine this, one cubic centimetre of water rendered milky by starch was injected. Within forty-three minutes an elevation of 1·6° C. occurred. The form of the curves in the two experiments was similar, and we may, therefore, ascribe the rise of temperature which occurs after the injection of small quantities of pus to the embolia produced. In order to obviate the objection that the injection of large quantities of indifferent fluids causes the breaking down of the blood-corpuscles, and that these operate like the products of the disintegration of the body generally as pyrogenic agents, or that the loss of blood owing to the injection occasions increased absorption of parenchymatous juices into the vascular system, Messrs. Albert and Stricker combined experiments in which the mechanics of the injection process were followed without any considerable quantity of foreign fluid gaining entrance into the circulation, or blood being lost. They ligatured the arteria and vena cruralis with canulæ, and a short piece of india-rubber tubing, which was filled with solution of carbonate of soda, and allowed the blood to pass from the vein directly into the artery only for twenty or thirty seconds. In two such experiments made with all precaution the temperature rose in the second half-hour after the self-injection 0·9° C., and 1·35° C. Here the mass of the blood was unchanged whilst the blood-pressure in the veins augmented, so that there was no reason for supposing there was an increased absorption of parenchymatous fluids; nevertheless fever followed quickly after the transfusion.

MM. Albert and Stricker have also made control experiments in reference to subcutaneous injections, and have found that, for example, the injection of four cubic centimeters of spring water increased the temperature of a young dog two hours after the injection to 40·3° C., or 0·5° above its normal maximum, and six cubic centimeters of healthy rabbit's blood caused an elevation, after two hours, of 0·4°, and an abscess formed. In rabbits, which the authors consider to be available for such experiments, the action of spring water is still more plainly shown. The elevation of temperature is therefore plainly not due to any special action of the pus. So also with the febrile symptoms which Weber excited by injection of pus and other fluids, as blood, into a serous sac, it is clear that they can be produced in the same manner, and are not in any way due to pus as such. Weber has stated that the injection of the blood of dogs in a state of fever excites fever when injected into the veins of a healthy dog. Albert and Stricker repeated the experiment, so far modifying it, however, that they withdrew blood from the sound animal to fainting, and then refilled the vessels by direct injection from the feverish animal. By this means a much larger proportion of blood from the feverish animal was introduced. In this experiment the temperature first fell considerably, and then, after six or eight hours, rose to a great height—that is, the symptoms observed in the above-mentioned simple experiment were augmented in intensity, but MM. Albert and Stricker do not think that on this account there are any grounds for believing that the blood of feverish animals, when injected into a healthy animal, will excite fever.

THE HAMPSTEAD HOSPITAL INQUIRY.

THE examination of witnesses in this investigation was resumed on Friday, the 22nd, the counsel for the defence being reinforced by Mr. Montague Williams, and that for the complainants by Mr. F. Mead.

The witness Grandy deposed to similar effect with those of the preceding day—viz., that delirious patients were tied down with twisted sheets; that the milk and beef-tea were "short;" that the beef was hard; and that the attendance was inadequate, the ward being sometimes deserted by every nurse. Another witness (Maclaren) gave similar evidence, adding that he was compelled to move from the sick to the convalescent ward only partially dressed, that the towels had vermin on them, that the water-closet was out of order, and that the bath was not fit to enter. Mr. Montague Williams elicited from the last two witnesses that they had had conversations together with Kynaston (one of the complainants) in a public-house in the Strand, the learned counsel maintaining that they had met for purposes of conspiracy. Smith, another witness, deposed to the tying down of delirious patients, but did not complain of the milk, beef-tea, or food in general, either as to quality or quantity, in No. 11 ward. In the convalescent ward, however, he said the meat was unfit for consumption, while, again, in No. 11 ward he alleged that the poultices and stimulants prescribed were not administered. This witness also was in attendance at the public-house, where Kynaston took down the statements. Barrett, another witness, bore testimony to the tying-down, the badness and insufficiency of the food, the filthiness of the towels, &c. He admitted, however, that on a petition being signed by twenty fellow-patients and sent up to Dr. Grieve, the abuses were redressed. This witness also said he was acquainted with another witness, Hunter. A woman named Granger was next called, but beyond deposing to a dead body lying in a ward all night she was not very clear in her evidence.

On Saturday the inquiry recommenced with the evidence of Letitia Gibbs, who deposed that her daughter, an epileptic and imbecile girl of sixteen, returned from Hampstead Hospital in a "shocking state," covered with ulcers on her face, body, and limbs. Her hair was nearly all cut away, and what remained was full of nits and vermin. Witness said her daughter was habitually beaten and reviled by a nurse—a statement which was supported by the evidence of Louisa Gibbs, another and younger daughter, who was also an inmate of the hospital. James Stokes next gave evidence as to his daughter, aged seven, a "fine, fleshy little girl" when she entered the hospital, where she remained forty-six days. Repeated inquiries as to the condition of his child elicited but one answer for witness, who accordingly went to the hospital to take her out. She was brought down to him in a blanket nearly doubled up—one nurse asking "which is head and which is heels?" She was found reduced to "a bag of bones," covered with vermin and sores—one of which latter was big enough to "put your hand into." Witness, cross-examined by Mr. Montagu Williams, was asked if he was aware that the physician in attendance on his child had made an affidavit that all his (witness's) statements were untrue; but the question was objected to. Further cross-examination drew from witness the statement that the child had been vaccinated, but not revaccinated; that he did not know whether there was a vaccine mark on her arm; that he believed a water-cushion "may have been" supplied to her; and that her emaciated condition predisposed her to a contraction of the limbs, so that moving her without pain was impossible. The next witness called was Mr. C. S. Watkins, surgeon, who deposed that the child Louisa Gibbs had so many bedsores, and was in a state of such debility, that when removed from Hampstead to Charing-cross he thought she would die in a few hours. She was covered with vermin. As a medical man he gave it as his opinion that had the child been properly nursed she would never have got into such a condition, and that for a ward containing 48 children two nurses were not sufficient. Dr. Charles Chittenden, lately house-physician at Charing-cross, stated in evidence that he never saw a child so emaciated as Louisa Stokes when she came out of Hampstead, and that the state of her body was attributable either to want of food, want of nursing, or suppuration from the sores. Witness confirmed Mr. Watkins's opinion as to the insufficiency of the attendance; deprecated most strongly the use of the strait-waistcoat; said that the nurses lessened their work by tying down patients in bed; and declared, in answer to Mr. Montagu Williams, that he would not believe any sworn testimony to the effect that Louisa Stokes had been properly attended to.

On Monday the first witness called was Channon, who corroborated the previous complaints as to the tying down, the use of strait-waistcoats, the insufficiency of the milk (the convalescents drinking the share of those in bed), the hardness of the beef, and the filthiness of the ablutionary apparatus. In answer to Dr. Buchanan, he said that the nurses did not want the doctors to know about the tying down; and cross-examined by Mr. Williams, he admitted that all the time he had made no complaint to anyone connected with the hospital. The next witness, the Rev. H. M. Turton, the chaplain, also bore testimony to the use of the twisted sheets and the strait-waistcoats, and generally confirmed the statements as to the badness of the food, the vermin on the towels, the want of soap, the dirtiness of the clothes given to the convalescents, and the non-delivery of letters. Complaints, he added, were made by convalescents that they had no clothes to get up in. Cross-examined by Mr. Williams, he admitted that he had spoken neither to the committee nor to the medical superintendent as to the abuses, nor even to his niece, Sister Frances, the superintending sister of the nurses; in fact, it was not till after the letter in *The Times* that he communicated complaints to the three assistant medical officers, and then only as private individuals. The next witness, Owen, was one of the signataries of the petition to Dr. Grieve about the tea and coffee, the meat, and the short measure of beer served out by the convalescents in charge of it. After the petition there was an improvement, which, however, soon fell off. He himself complained by letter to his relatives, who sent him bacon, cheese, and other articles of food, which became the "talk of the hospital." He had seen as many as eight convalescents assisting the nurses, and admitted to Mr. Williams that he had seen hired persons scrubbing floors. Denton, the last witness called on Monday, stated, like the others, that at the time he had made no complaint of the practices he deposed to now—namely, the forcible restraint, the service of towels and clothes covered with vermin and blood, and of the food and drink being both bad and "short." He charged two day nurses with neglecting to give till night the poultices prescribed for a dying man in the morning and with keeping back eggs and whisky ordered for the patients.

On Tuesday the evidence, almost monotonous in its tenor, was resumed in the deposition of the witness Croake, aged fifteen, who was tied down like the rest; had often to go without drink the whole night, and found that it was no use asking for milk. A nurse called "Frisky" shook her fist at him, and threatened punishment when he was going to complain to the doctor. By giving "something" to the convalescent patients he used to get more than his allotted share of food and drink; but he never got a bath, though he often asked for one; and his clothes, like his person, were filthy and swarming with vermin when he left. Evidence to similar effect was elicited from the witness Donaldson, who said that more food was given to patients for working. The water in the bath, he alleged, was dirty and stinking; while the sheets were so filthy that he slept between the blankets. He complained once to Mr. Gee, but never to Dr. Grieve, though he often saw him. The next deposition—that of Peters,—was graphic and vivacious in its description of the badness of the meat and potatoes, the filthy things left about, and the unemptied commodes. When convalescent he was offered a bed with sheets covered with gore, pus, and lice, so that he preferred walking about all night to lying down. His wine was stopped; but as it was worse than South African, and as low in quantity as in quality, its withdrawal, "like a chip in porridge," did neither much harm nor good. Mr. Williams elicited from him that he never complained. The next witness, John-

stone, corroborated the evidence of his predecessors, adding that several patients had complained to Dr. Grieve, who, in answer to one, ordered a bed with vermin in it to be removed to the fumigating-room, and, in the case of another, said that he would open all letters containing money or stamps; and, in that of a third, threatened, if he complained again, to stop his beer. The witness, after an altercation with Dr. Grieve, wanted to go out, but was told that he was not well enough. Elizabeth Haynes next deposed that during the seven weeks she was nurse at Hampstead, being short of milk, she had to mix half as much water with it. The patients often complained. She was under day-nurse to the children's ward, superintended by Sister Clara and Nurse Dick. Forty-nine was the number of the patients, who, of course, could not be cared for by three nurses, and were tied down in bed to lighten the attendance. A child, named Ricketts, reported convalescent on Saturday, died on Wednesday. Six weeks after the mother came to see another child, and was told that the dead one was sent to the Islington Home. The mother went there, and was told the child had been sent from the home to the workhouse. Other children, who had died within a few hours' interval of being treated as convalescent, were mentioned by witness.

Wednesday's proceedings began with the examination of Mr. John Aikman, in the absence of last witness, for whom a fresh summons was issued. Mr. Aikman, who when in Glasgow had seen about 300 small-pox, and over 2000 fever cases, was engaged at Hampstead on May 1st by Dr. Grieve, who told him that the two other medical officers were Guy's men, and were scheming to usurp his authority, and that if witness "took one Guy," he would take the other. Witness at first held aloof from these gentlemen, but became intimate with them before he left on August 25th. A month previously he had given notice of leaving to the Committee, a course to which, in spite of Dr. Grieve's remonstrances, he adhered. On the 29th of August appeared in *The Times* the letter written by himself, and the two others, out of which the present inquiry originated. At the hospital he had in charge No. 3, the female ward, with 34 patients; No. 7, children's ward, with 56 beds; and an isolated fever ward, No. 12 (male), with 6 beds. To these patients he attended according to the instructions, verbal merely, of Dr. Grieve. Two daily visits, one beginning at 10 A.M., the other at 9 P.M., were made by him, in the course of which he saw much of what had already been attested. The children tied down in bed with sheets were almost innumerable—a practice which he never ordered, and believed to be improper. He himself always untied the children or made the nurses do so. That did not stop the practice, however, and the children were still found tied in various ways, sometimes with the sheet over the body, sometimes with the sheet drawn under the bed and tied over the child's body and arms, sometimes so slackly that they tumbled out of bed. Fifty-six children had for attendance by day a Sister Agnes, a nurse (Simpson), and a convalescent helper, who was paid. At night there was only one nurse. Between the night and morning visits he had nothing to do with the hospital; but at all times he was sure the attendance was inadequate. The milk was sometimes conspicuous by its absence; generally by its insufficiency in quantity and quality. Complaints as to this state of things were made to him by one of the nurses; another of whom excused herself for tying down the children by saying she could not get across the ward quick enough to keep them from tumbling out of bed. Witness repeatedly complained to Dr. Grieve, who promised an extra nurse; but she never came. At first witness ordered extra quantities of beef-tea and milk, but this was countermanded by Dr. Grieve on the new dietary being instituted on the 18th of June. When remonstrated with as to the insufficiency of the articles ordered, Dr. Grieve said they were ample, but were injudiciously distributed by the nurses. Mr. Kynaston retorted, if the milk were doubled the mortality would be halved. High words ensued; and two hours afterwards a change in the dietary was made. Dr. Grieve suggested that the complaints should be registered on the back of the daily reports, which was done, with the exception of a few cases in which verbal reports were made. These complaints, continued up to ten days before witness left, referred less to the milk than to the attendance. No. 3 ward had 34 patients, with two day nurses and some assistance from convalescents. Restraint, both by sheets and strait-waistcoats, was practised without witness's orders, and when reported to Dr. Grieve was deprecated by him. After the 18th of June Dr. Grieve told witness and the other two complainants that their power of ordering food was gone, and only the nurses could complain. The milk, though in witness's opinion better than the beef-tea, was faulty in every respect—poor, sour, or scalded; while the beef-tea was such as he would have declined to take. The patients said all along they could not look at it, being fearfully salt, and abominable in taste. The opening of Ward 6 reduced the inmates of Ward 7 to 49; but still there was inadequate nursing power, which, though complained of, remained unredressed by Dr. Grieve. Ward No. 12 was isolated, owing to contagious features in the cases; and there, too, the nursing was inadequate. Witness asked Mr. Kynaston to look after the ward in his absence, but Dr. Grieve forbad Mr. Kynaston's "interference." Dr. Grieve discharged and admitted patients, but had nothing to do with their treatment—only with their attendance. He assumed the right, however, of refusing stimulants; while witness and his two colleagues had no power of ordering "full diet"—Dr. Grieve, for example, refusing extra eggs unless he saw the patient for whom they were intended. At this last collision witness resigned on the spot, deeming the refusal a professional insult. Ten days before witness left Dr. Grieve took the treatment into his own hands. Mr. Aikman's deposition continued to impugn the inadequacy of the nursing—cases of death occurring among the children who lay for a time unnoticed,—the filth of the sheets, and the vermin on the towels, when the Court adjourned.

On Thursday the case of the child Stokes was gone into at great length. Mr. Aikman maintained that instead of being neglected, it should have had a special nurse; that he showed it frequently to Dr. Grieve a fortnight before it was discharged, but the answer he got was, that such cases "would" occur; Dr. Grieve having ordered the discharge himself. The examination proceeded to illustrate the insufficiency of the Hampstead nursing as compared with that of hospitals in other places, where tying down and strait-waistcoats were dispensed with. After explaining his reports, he described the ruptures which the three medical officers had had with their chief, and acknowledged that when Dr. Grieve was going to suspend Mr. Kynaston for insubordination, Mr. Greaves said the three would be suspended. Dr. Grieve said he was not satisfied with the treatment of the patients by the other two medical assistant officers before they left, and took over their wards himself, having the three to attend him as assistants.

When Mr. Collins had gone over the long examination, he made an application for the witness's affidavit made before Sir Thomas Henry. After a long discussion between the counsel, the affidavit was put in, and was handed to the witness under the protest of Mr. M. Williams, who said it contained statements altogether at variance with the evidence given that morning, and Mr. Collins should not be allowed to cross-examine his own witness. The affidavit was read. It had relation to the child Stokes, and said that everything was done for her that medical skill could devise, and that the sisters gave her "every care" which the case required.

The witness was then cross-examined by Mr. Montagu Williams. This brought out many remarkable features. The witness freely allowed that the letter in *The Times* making the charges was under his own and his colleagues' attention for about five weeks before it was sent, and during that time it was altered, changed, and added to repeatedly; and he allowed that he knew that Mr. Kynaston went to the public-house in Wellington-street collecting evidence. Taken over his reports in writing, and the reports of his colleagues, he could not find any complaints in them regarding the condition of the hospital, with the exception of three regarding milk, and he was brought to admit that the "full details" of the children being found in bed, the dead body in the bath-room, the filthy condition of the sheets, the tying of children in bed, the use of strait waistcoats, the alleged improper food supplied to convalescents, &c., were not in those reports, as he had stated distinctly in a further charge. He admitted that he had shown a sister how to use a sheet to restrain patients. The cross-examination lasted until the end of the sitting, and will be resumed on Friday.

THE CHOLERA.

THERE is little to report this week as to the progress of the disease. British shipowners still continue to complain loudly respecting the treatment to which their vessels are subjected in Spanish and Portuguese ports, entailing great commercial inconvenience and pecuniary loss.

The Thames Shipping Inspection Committee met on Monday last, and received from Mr. Harry Leach a list of recommendations relative to the sanitary surveillance of the Thames. These recommendations were based upon the supposition of complete conjoint action on the part of all the local authorities below bridge, and were framed with a view to *prevent*, if possible, the introduction of the epidemic into the port, and, *a fortiori*, into the metropolis. But, inasmuch as the districts of Rotherhithe and East Ham still decline to join the union, and the Committee are indisposed to be responsible for the active conduct of any preventive measures, very little practical advance was made. The Committee appear to consider that their duty is confined to setting in motion a system of inspection *after* (and not *until*) cholera has made its appearance. And hence, in spite of the urgent representations of the Local Government Board, through Dr. Buchanan, there is still no receiving-ship for cases of cholera at Gravesend, no systematic inspection of ships that arrive in the river from suspected ports, and no definite arrangement made for the reception of any case of cholera that may occur among the shipping in the stream. If matters proceed much longer in this fashion, it will be absolutely necessary that the authorities at Whitehall should take the matter into their own hands. A conference between Mr. Simon, who would represent the sanitary, and Mr. John Lambert, C.B. (the secretary of the Local Government Board), the legal, aspects of the question, must be productive, under these circumstances, of substantially useful results. Meanwhile it is a blot on the much vaunted principle of local self-government that the waterway of the metropolis is still entirely unprotected against an invasion of cholera.

Accounts from Russia recite that the mortality at Kieff from cholera has lately averaged 90 a day, and the authorities at Suez have subjected the Austrian steamer *Sa'id*, which arrived there some few days ago from Jeddah, to a quarantine of five days before entering the canal, because cholera was reported at Khaibar. It is supposed that the disease was conveyed to the latter place from the head of the Persian Gulf.

Official reports sent to Berlin state that in the Baltic provinces 2601 persons were attacked with cholera up to Sept. 10th; of these 84 were soldiers. The number of deaths was 1273, whilst 670 recovered, and 708 are still under treatment.

At Königsberg the number of deaths has, for the last week, been greater than in any preceding week. There were 300 deaths, being, as to the number of cases, 80 per cent. Formerly the deaths were 50 and 60 per cent. only.

Correspondence.

"Audi alteram partem."

ON SINGING IN APHASICS.

To the Editor of THE LANCET.

SIR,—I can confirm the remarks of Dr. Hughlings Jackson as to the power of some aphasics to express sounds by singing.

I have under my care an idiot boy of twelve, who has no real language, but has a sort of musical talent. When admitted four years ago, he used to kick and bite and resist every effort made for him; but, with proper care and attention, he soon became more tractable. He has never been able to talk or answer questions, but will pronounce a few isolated words, which he has picked up by imitation. He knows the names of a few persons in the ward, but hardly ever makes a voluntary use of them, and, like most of his class, has a proclivity for bad words. He has exhibited, however, a great aptitude for learning musical sounds, and, simply from hearing the attendants playing their instruments, has learned many of the tunes they perform. He sings, or rather hums them to himself with evident signs of satisfaction, and with wonderful accuracy. His means of expression can hardly reach any further development, but his singing is far superior to his talking powers.

This case has a curious family history, showing how idiocy is often an instance of progressive physical degradation—I mean in the life history of the human animal. This boy's brother is in this asylum, an idiot of almost the lowest type; his aunt is also a patient here, and his sisters are nearly blind from strumous ophthalmia; while his mother is an example of moral depravity, and his father of the dense ignorance and unhealthy *physique* of these wretched denizens of the Fens.

I am, Sir, your obedient servant,

Cambs. Co. Asylum, Sept. 1871. G. MACKENZIE BACON, M.D.

THE OFFICERING OF PAUPER HOSPITALS.

To the Editor of THE LANCET.

SIR,—I have no desire in addressing you to express any opinion as to whether the medical officers at the Small-pox Hospital be in fault or not; but I perhaps may be allowed to state that the occurrence of a public scandal, such as is now under investigation, was foreseen, and, as far as could be, an attempt made to guard against it, now four years ago.

In my capacity as one of the secretaries of the Workhouse Infirmary Association, I was present in the House during the whole time the Metropolitan Poor Bill was passing through Committee. It had come to the knowledge of the Association that the Poor-law Board intended that the asylums and large infirmaries about to be erected should be officered by resident medical men only, and I was asked by several members of the House whether it would be judicious to allow such a rule to be established. I replied in the negative; and my opinions were thought of so much weight that a resolution was come to to challenge Mr. Hardy on the subject so soon as the clause came on for consideration. Mr. Brady, the only medical member present, undertook the duty, and, having given reasons similar to those I had expressed, put the question. Mr. Brady's remarks were extremely well received, and had Mr. Hardy given an unfavourable reply a division would probably have been called for; but he at once gave way, and promised that the Poor-law Board would not sanction resident appointments only. Shortly after a division did take place, and strangers having been ordered to withdraw, I found myself in the lobby with Mr. Fleming, secretary, and Dr. Markham and Mr. Corbett, metropolitan inspectors. I mention this fact to show that the department perfectly well knew what the president had undertaken, but which, as far as I know, these officials never made the slightest effort to carry out. Indeed, I have learned that when this appointment, or that to the Hampstead Sick Asylum (I forget which), was made, a manager urged that there should be a non-resident visiting medical officer, when someone, known to be intimate with the permanent officials, stopped it by stating he knew the Poor-law Board would not sanction such an arrangement.

Comment on the above is unnecessary.

I am, Sir, yours obediently,

Dean-street, Soho, Sept. 28th, 1871. JOSEPH ROGERS.

P.S.—In Ireland, where similar scandals do not occur, the large workhouse hospitals have always non-resident visiting medical officers in addition to a resident apothecary.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE change of weather which came on about a fortnight ago—it has been positively cold since—has already produced a marked alteration for the better in the health of Paris. The municipal returns for the week ending Sept. 23rd (Saturday last) exhibit the following items of mortality:—Diarrhœa, 55; dysentery, 35; infantile cholera, 17; cholera nostras, 2. Whereas the week previous the corresponding figures were: diarrhœa, 69; dysentery, 39; infantile

cholera, 33; cholera nostras, 8. It is to be hoped that this favourable modification will be maintained. We must now expect to see diseases of the respiratory organs take the lead. Cases of typhoid fever are slightly on the increase; scarlatina (2 cases last week) and measles (6) are not at all prevalent, and there was not a single case of death by small-pox last week.

The everlasting and much vexed discussion on purulent infection at the Academy of Medicine has just come to an end—as might have been expected, without any practical and positive results whatever. It has all along been a duel between M. Jules Guérin and M. Chauffard—one or two others of the academicians now and then engaging in the fight in the manner of skirmishers, and putting in an occasional fact or bit of experience when the two principal combatants were compelled to take a minute's rest. Both champions have raged and battled to no avail, neither convincing his adversary, nor indeed bringing any persuasion whatever to the minds of his auditory. Both have spoken volumes on volumes, with true Gallic facility of elocution; and I really do not know which are most worthy of admiration—the two orators, who with one speech occupied three whole sittings of the Academy (six hours of talk), or the academicians, who had the patience to sit still and silently gulp down hundreds of kilogrammes of speechifying; or lastly, some of the journals here, who filled their pages, from beginning to end, with these theoretical disquisitions and argumentations. The only good thing which has come of these debates is, so to say, a *hors d'œuvre*, which was brought in by M. Demarquay just before the discussion closed. M. Demarquay related a series of cases which he had observed during the last war, in all of which, however light the injuries, osteo-myelitis was sure to be found. He argues that the pus contained within the medullary canal may be absorbed and poison the system. Experiments which he has since conducted on rabbits tend to exhibit that fact. Injections of strychnine in the marrow of the bones invariably produced death, whilst voluntary injury inflicted in the same situation also invariably proved fatal. These facts are well worthy of record.

I was glad to meet at the said meeting of the Academy, Dr. Kraus, the editor of the *Medical Gazette* of Vienna, who has come to Paris to read to the Academy a series of most interesting memoirs connected with the bladder and urinary organs. Some portions of these valuable researches were published last year in your excellent journal.

It is said that Gambetta is suffering from phlebitis of the lower limb, which does not seem to entail any danger, but compels him to keep absolutely quiet and in bed. On the other hand it turns out that the reports touching Victor Hugo's pleurisy and Changarnier's extreme illness, about which I wrote you at the time, are altogether without foundation. Both are enjoying good health. Fortunately for the affairs of this country, M. Thiers' health remains excellent, notwithstanding all that has been said to the contrary.

It may be of interest to your readers to know that a fresh announcement by the Academy of Medicine states that the most valuable *Lacaze* prize, amounting to 10,000 francs (£400) will be given during the year 1871–1872 for the best work on "Phthisis."

It is with great grief that I mention the death of Dr. Blache, that most amiable of men and distinguished physician. Dr. Blache was beloved by all who knew him—by his professional brethren and his patients. He had a most extensive practice in this city, where he was popularly known as the *medecin des enfants*, the "children's physician," and indeed his knowledge of pædiatrics was consummate, while his kind and endearing manners especially fitted him for this delicate branch of practice. He was two years named President of the Academy of Medicine, and on leaving office received the distinction of Commander of the Legion of Honour. In my next letter I shall return more fully to this melancholy subject, and send you some biographical details touching this venerable and much regretted physician.

Paris, Sept. 28th, 1871.

SOME changes have recently taken place in the medical *personnel* of the Brussels hospitals. M. Vleminckx has been appointed to the Hôpital St. Jean; M. Van Dam to the Hôpital St. Pierre; and M. Coppée to the Grand Hospice.

Obituary.

SAMUEL SOLLY, F.R.S.

MR. SOLLY died somewhat suddenly on the 24th inst., though he had for more than a twelvemonth been incapacitated by illness for professional duties. He was sixty-six years of age, and was the son of Isaac Solly, Esq., extensively engaged in the Baltic trade. His early days were spent at Leyton, and at the school of the Rev. C. Cogan, Higham-hill, Walthamstow, where he was a fellow-pupil of Mr. Disraeli, the Rev. Dr. Hampden (Bishop of Hereford), and Mr. Russell Gurney. It was whilst at school that he first showed his liking for art. In 1822 he was apprenticed to Mr. Travers, being one of the last of the old "apprentices" who paid a hospital surgeon a large fee, and thus secured the succession in the hospital. After five years' work, and before he was old enough to become a member of the College of Surgeons (which he did in 1828), Mr. Solly was appointed Demonstrator in 1827, and Lecturer on Practical Anatomy in 1833, and taught for six years. He was then appointed assistant-surgeon to St. Thomas's Hospital, and held the office for ten years, when he succeeded to that of surgeon. Mr. Solly was for many years lecturer on Surgery and Clinical Surgery, and embodied much of his teaching in his work entitled "Surgical Experiences." In 1865, being then sixty years of age, Mr. Solly came under the new rule enforcing retirement at that age, but successfully contended that it was unfair in its application to himself, and was accordingly re-elected that he might complete the allotted period of twenty years as full surgeon. This he unfortunately was unable to do, for his health gave way last year, and he was obliged to retire before seeing the new St. Thomas's opened, in the ceremony of laying the first stone of which he had taken an active part. In the year 1840 Mr. Solly received the appointment of medical referee to the Crown Insurance Company, but he gave up this post because the directors refused to remunerate medical men for their opinions. He held a similar post to the Royal Exchange Assurance Corporation, and the first fee he ever took was from Mr. Tooke, the chairman of that body. He commenced private practice in 1831, but we believe that he did not make much income till after the death of Mr. Aston Key, whose house Mr. Solly took.

Mr. Solly became a Fellow of the College of Surgeons in 1843. He was elected a member of the Council in 1856, and was re-elected in 1861 and in 1869. In 1862 he held the professorship of Anatomy and Surgery for one year, and in 1867 became a member of the Court of Examiners, which post he resigned last year. Mr. Solly was twice Vice-President of the College, but was never President.

Early in life Mr. Solly specially investigated the brain, and published a work on the subject, which led to his being elected a Fellow of the Royal Society. He was President of the Royal Medical and Chirurgical Society in 1867-68, and took an active part in bringing forward the scheme of amalgamation of the London medical societies in a "Royal Academy of Medicine." He for many years practised in the City, where he held several valuable public appointments, but a few years since removed to Savile-row. Amiable and conscientious, Mr. Solly was much beloved by those with whom he was brought in contact, and the misfortunes of his latter years enlisted much sympathy.

As an amateur artist in water-colours Mr. Solly had attained considerable distinction, and his pictures had been exhibited at the Royal Academy. He took much interest in all that concerned art, and was always ready to help those who devoted themselves to its cultivation. Mr. Solly leaves a widow, and one son in the profession, besides other children.

GEORGE CURSHAM, M.D., F.R.C.P.

DR. CURSHAM died on the 23rd inst., after a brief but painful illness, in the 76th year of his age. He was formerly physician to the Brompton Hospital for Diseases of the Chest, but never enjoyed a very large practice, and had been for some years Provincial Inspector of Anatomy. He was physician to the Female Orphan Asylum, and to the

Eagle and London and Lancashire Insurance Offices, and was for some years Honorary Secretary of the Royal Medical and Chirurgical Society, the duties of which office he performed in such an exemplary manner as to lead to his receiving the unusual honour of a testimonial from the Fellows, in the form of a handsome timepiece. To the Medico-Chirurgical Transactions he contributed some "Cases of Obstruction of Veins of Lower Extremities in Phthisical Patients."

Dr. Cursham's high principle and unfailing rectitude, combined with his clear judgment, made him highly respected by his professional brethren, who must feel that one has gone forth from amongst them whose place will not easily be filled.

WILLIAM HENRY WRIGHT, M.R.C.S., L.A.C.

MR. WRIGHT, of Clapton-square, left his residence on the morning of September 19th for the purpose of taking a short tour through North Wales, and, on the 22nd, while in the neighbourhood of Festiniog Falls, was walking upon the cliffs in company with a barrister, and had descended a little below the summit of the precipice overhanging the Falls, when the ground giving way, he was precipitated into the waters below—a depth of some fifty feet; severe wounds upon the head testified to his having struck against the rocks.

An inquest was held on Monday, the 25th, when a verdict was returned as follows:—"Accidentally killed by a fall from a precipice at Cunfael Falls, Festiniog." The unfortunate gentleman's remains were brought home on Tuesday evening, and will be interred at the Unitarian Church, Hackney, on Friday, September 29th. He held the appointment of Divisional Surgeon to the Hackney police, and had a very extensive private practice in the neighbourhood of Hackney. In private life he was much respected, being a most genial and kind-hearted man, and in his profession he enjoyed the confidence of all those whom he attended. He was born in East-place, Hackney, 1822. He studied at Guy's Hospital, and obtained his diploma in 1845.

Medical News.

APOTHECARIES' HALL. — The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Sept. 21st:—

Thomas Lamb Tims, Warwick.

On the same day the following gentleman passed his first professional examination:—

Thomas Johnson English, St. George's Hospital.

As Assistant in Compounding and Dispensing Medicines:—

John Carrington Culf, East Suffolk Hospital, Ipswich.

THE ALLEGED CHOLERA CASE IN LONDON.—This case, which occurred in Charlotte-street, Portland-place, came before the Vestry of Marylebone on Thursday, in the form of an application by Mr. Chapel, the gentleman who was said to have been afflicted with the dreaded malady, but who has recovered, for compensation for the destruction by the parochial officers of his bed and bed-clothing. After a discussion as to the liability of local boards under such circumstances, the Vestry decided upon compensating Mr. Chapel for his loss.

DEATH AFTER THE USE OF CHLOROFORM.—On Saturday Mr. Richards, the deputy coroner for East Middlesex, held an inquiry at the London Hospital into the circumstances connected with the death of a lad named Edward Kitching, aged thirteen years. It appeared that the deceased was taken to the hospital for treatment for an internal disease. While there he requested that an operation might be performed on one of his eyes for squint. The necessary preparations were made for the operation, and on the 20th inst. he was placed under the influence of chloroform, which was administered by Mr. Tay, the ophthalmic medical officer. After the completion of the operation the deceased, upon recovering from the effects of the drug, made efforts to vomit. While doing so he gave a deep inspiration, which had the effect of forcing back the rising matter and causing his death by suffocation. The jury returned a verdict of "Accidental death."

Medical Appointments.

ADDISON, C. E., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the Colchester District.

ALLEN, J., M.R.C.S.E., has been appointed Medical Officer for the Adlington and Bollington District of the Macclesfield Union, vice E. Newbold, M.R.C.S.E.

ARCHER, E. J., M.D., has been appointed Medical Officer for District No. 2 of the Southampton Incorporation of the Poor, vice R. W. W. Griffin, M.D., M.R.C.S.E., resigned.

BAUMGARTNER, J. R., M.R.C.S.E., has been appointed House-Surgeon to the Norfolk and Norwich Hospital, vice M. Beverley, M.D., M.R.C.S.E., resigned.

BLAKER, W. C., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Brightling District of the Battle Union, Sussex, vice Baker, resigned.

BOARD, E. C., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the Royal Infirmary, Bristol, vice R. M. Bernard, F.R.C.S.E., deceased.

CAPE, Mr. J. S., Associate of the Pharmaceutical Society, has been appointed in Charge of the Medical Stores at the Royal Naval Hospital at Hong-Kong.

CARLESS, E. N., M.B., C.M., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Devizes Union, vice R. S. Thornley, M.R.C.S.E., deceased.

DERRY, B. G., L.R.C.P.L., has been appointed Medical Officer for District No. 3 of the Bodmin Union, Cornwall.

DOWSON, C. H., L.R.C.P.Ed., M.R.C.S.E., has been appointed Assistant-Surgeon to the Royal Infirmary, Bristol, vice Board, resigned, and appointed a Surgeon.

DUKE, R., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Mountfield District of the Battle Union, Sussex, vice Baker, resigned.

EDGINTON, Mr. R. W., has been appointed Medical Tutor and Joint Demonstrator of Anatomy at Queen's College, Birmingham, vice Wm. Thomas, M.B., F.R.C.S.E., appointed Joint Professor of Anatomy.

HARRIES, J. D., M.R.C.S.E., has been appointed Medical Officer for the St. Chad's District of the Atcham Union, Salop.

HUGHES, J. W. Secretary and Registrar of the Richmond, Whitworth, and Hardwicke (House of Industry) Government Hospitals, Dublin), has been elected Registrar of the Westmoreland Lock Hospital, Dublin, vice B. F. M'Dowell, M.B., L.K.Q.C.P.I., resigned.

KAYE, W. T., M.R.C.S.E., has been appointed Medical Tutor at the Newcastle-on-Tyne College of Medicine, vice Halkett, resigned.

MACPHERSON, G., M.B., has been appointed Resident Physician's Assistant at the Middlesex Hospital, vice H. Turner, M.R.C.S.E., resigned.

MARSHALL, A., M.D., L.F.P. & S. Glas., has been appointed Medical Officer to the Caprington Works, Kilmarnock, vice J. Paxton, M.D., L.R.C.S.Ed., resigned.

ROBERTS, R. C., M.R.C.S.E., has been appointed Surgeon to the Exeter Dispensary, vice J. S. S. Perkins, L.R.C.P.Ed., M.R.C.S.E., deceased.

TUMMER, J. E., M.R.C.S.E., has been elected Medical Officer for District No. 3 of the St. Saviour's Union, Southwark, vice R. A. Bolt, M.R.C.S.E., deceased.

WADDY, H. E., L.R.C.P.L., M.R.C.S.E., has been appointed Surgeon to the Children's Hospital, St. Lucy's Home, Gloucester, vice Calcb Barrett, F.R.C.S., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CRAWFORD.—On the 24th inst., in London, the wife of T. Crawford, M.D., Deputy Inspector-General of Hospitals, of a daughter.

HAVILAND.—On the 23rd inst., at Northwold, Cheltenham, the wife of H. J. Haviland, M.D., of a daughter, still-born.

ILES.—On the 27th inst., at Fairford, the wife of Daniel Iles, M.R.C.S.E., of a son.

LLOYD.—On the 23rd inst., at Spring-hill, Birmingham-heath, Birmingham, the wife of Dr. Lloyd, of a son.

WHITTINGTON.—On the 13th inst., at Prestwich, the wife of Thomas Whittington, L.R.C.P.Ed., L.F.P. & S. Glas., of a son.

MARRIAGES.

DIVER—LISLE.—On the 16th inst., at St. Martin's-in-the-Fields, Thomas Diver, M.D., of Bombay, to Mrs. Charlotte Lisle, daughter of the late Joseph Skinner, Esq., of Exeter, Devon.—No Cards.

FERGUSSON—HODGSON.—On the 21st inst., at St. Thomas's Church, Sunderland, Alexander Fergusson, F.R.C.S., L.R.C.P.Ed., &c., of Peebles, to Hannah Maria, eldest daughter of Captain William W. Hedgson, of Sunderland.

FITZGIBBON—FOOT.—On the 26th inst., at Monkestown Church, Co. Dublin, Henry FitzGibbon, M.D., M.C., L.M., of the Rotundo Hospital, to Meta Adelaide, youngest daughter of William Foot, Esq., of Belgrave-square, Monkestown.

DEATHS.

ALEXANDER.—On the 23rd inst., Gervase Alexander, M.D., of the Haymarket, aged 69.

EVANS.—On the 13th inst., G. F. D. Evans, M.D., M.R.C.P.L., of Shrewsbury, aged 81.

HARRIES.—On the 22nd inst., at Bath, Charles Alex. Harries, M.R.C.S.E., aged 63; for forty years a medical practitioner in that city.

MORGAN.—On the 23rd inst., John Flower Morgan, Surgeon, of Lambridge-place, Bath, aged 86.

STAMPER.—On the 15th inst., at Pembroke-dock, Priscilla, the wife of J. Fenton Stamper, M.D., aged 41.

VALLANCE.—On the 22nd inst., at Stratford, Essex, James Thomas Vallance, M.D., F.R.C.S.E., of Villette, Broadstairs, Kent, aged 63.

WRIGHT.—On the 22nd inst., accidentally drowned at Festinior Falls, Merionethshire, Wm. Henry Wright, M.R.C.S.E., L.S.A.L., of Clapton-square, London, younger son of the late R. J. P. Wright, Esq., Clapton.

Medical Diary of the Week.

Monday, Oct. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Oct. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL. — Operations (expected), 2 P.M.: Removal of Tumour occupying Nostril, Orbit, Temporal and Zygomatic regions of left side: by Mr. Maunder. Removal of Naso-Pharyngeal Polypus; Operation for Ununited Fracture of Femur: by Mr. Cooper.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. Copeman, "On Cases in Practice." — Dr. Braxton Hicks, "On the Contractions of the Uterus throughout Pregnancy; their Physiological Effects, and their Value in the Diagnosis of Pregnancy."—And other papers.

Thursday, Oct. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Oct. .

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Oct. 7.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

"TRY SHETLAND."

MANY of the attractions possessed by Iceland for the invalid—particularly the phthisical—seem to be presented by the Orkney and Shetland islands. For the last three months the weather, so trying to weak constitutions in the south, has been continuously fine in the Oreadian archipelago, where a blue and serene sky bends over fields rich in root-crops; heathery moorland teeming with grouse and golden plover; burns abounding in snipe and woodcock; shelving rocks, where the prolific seal basks; and a yet bluer sea swarming with the fisherman's quarry. Access to the islands is much easier and pleasanter than is popularly known. Once arrived there, the sojourner will possess his soul in peace, unmolested by the extortionate hotel-keeper, who seems in the Highlands to perpetuate the traditions of his predatory ancestors, and in the Lowlands to be bent on "avenging Flodden" by the severity of his "requisitions." To all who wish to combine the restorative conditions of keen and generally dry air, with admirable facilities for the enterprise of the sportsman or the naturalist, Orkney or, better still, Shetland, in the closing summer and early autumn particularly, is well worth a visit.

M.D.—The actual prescription is eighty grains of bichloride to an ounce of alcohol. The mode of using it is to brush it lightly over small patches once or twice. It will be manifest that no great quantity of the solution thus used gains access to the scalp. The remedy is intended, as a rule, to be applied to only one or two patches of small size, and when other remedies have failed.

C. A. wishes to know what is the mode generally adopted by general practitioners to inform their patients of a change of residence.

ANOTHER ANTIDOTE TO SNAKE-POISON.

"ANOTHER remedy for snake-poison!" exclaim our incredulous readers. We have received a pamphlet from India, setting forth a history of experiments on the treatment of the effects of snake-poison by a new remedy, by Deputy Inspector-General Macbeth, of H.M.'s British Forces. His attention seems to have been directed to the subject in the first instance by Colonel Showers, Political Agent, Gwalior, who requested his professional aid in superintending some experiments with the view of testing the efficacy of a supposed antidote possessed by a native. The agent employed is of vegetable origin; but what it is is not stated in the pamphlet. A large number of experiments, variously modified, are detailed as to the effects of the remedy in the cases of animals—dogs, pigs, fowls, &c.,—bitten by cobras and other venomous reptiles, as well as several illustrations of its utility in the cases of human beings under similar circumstances. Some letters from medical officers and others, who had witnessed some of the experiments, are appended; and the evidence adduced, taken altogether, is sufficient to warrant further inquiry into the subject. Scepticism in such matters must be looked for, and the writer of the pamphlet ought not to be disappointed at our sharing that feeling. The native appears to have failed with his remedy at Calcutta. We cannot discover from the paper whether Dr. Macbeth himself knows the remedy or not. He appears to have put together his observations and conclusions in a hasty manner, owing to the pressure, as he explains, of his numerous and arduous duties, and neither the printer nor the binder has aided him; for there are numerous errata by the former, and the latter has managed, in the copy kindly forwarded to us, to insert the pages wrongly. By all means let Dr. Macbeth pursue his inquiry, and publish any new facts and observations that he may derive from it. If he or anyone else succeeds in discovering a thoroughly reliable antidote to snake-poison, he will deserve the gratitude of everybody in India at any rate, for the mortality from this cause is enormous in that country.

Mr. J. Mades (Sheffield) might apply to Brady and Co., 358 and 360, Euston-road, N.W.

THE ROTUNDO LYING-IN HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—Permit me to say a few words with reference to the letters of your correspondents, "Intern" and "Medicus."

The sleeping accommodation in the Rotundo Hospital may not be all that can be desired, but it has evidently been much improved of late years. When I resided there, twenty years ago, there was but one large room allotted to "interns," one-half of which was partitioned off, and subdivided into little cubicles, about eight by six feet in size; the other half was the sitting-room. This partition has now been swept away, and the whole room is used as a sitting-room. I am ignorant as to the existing arrangements for sleeping accommodation; but even supposing that two gentlemen occupy each of the seven rooms which, according to "Medicus," are now allotted to interns, it is evident that they would be much better off than we were. Yet I can remember among my fellow-students several now well-known members of our profession. I may name Dr. Hodges, of Boston, U.S.A.; Dr. Ransome, of Manchester, and Mr. Baker, of Derby. We, however, went there with the sole intention of learning midwifery, and were amply repaid for any minor inconveniences we suffered by the enjoyment of the unequalled opportunities of obtaining a knowledge of practical midwifery afforded in the Rotundo Hospital—opportunities which have not in any way diminished since.

I suspect that both your correspondents belong to a different class of men. They wished to be permitted to perform operations, not to be shown how to perform them. The master of the hospital is right, in my opinion, in not permitting pupils, qualified or unqualified, to practise on poor sufferers placed under his care. Such men as your correspondents are should not go to the hospital; but earnest students will find themselves amply repaid by a residence there.

Your correspondent, "Intern," states as a grievance that he was not permitted "to examine a case which necessitated craniotomy." I appeal to any experienced practitioner if it would be right to allow repeated vaginal examinations to be made of a case in which the head, as probably occurred in the case alluded to, was impacted in the pelvis. A student would learn nothing by examining such a case; but great injury would result to the patient were frequent examinations to be made; and remember, you cannot allow one pupil to examine and prohibit others.

I remember a case which occurred when I was a student in the hospital. It was one of tedious labour. The child was born alive. But the wise rule your correspondent finds fault with was not enforced, and the consequence was that the pressure exercised by the fingers of the too diligent pupils on the soft parts covering the presenting point of the fœtal head brought on inflammation at that point, and a portion the size of a shilling sloughed out. What the termination of the case was I cannot remember; but the then master, Dr. Shekleton, for the future insisted that tedious cases should not be repeatedly examined.

Your obedient servant,
September 23rd, 1871. AN OLD INTERN.

Maidyg.—We do not know whether the Brotherhood of St. Luke is still in existence, or how information may be obtained of its objects and rules, and the names of its members. British Universities confer degrees in Medicine and Surgery, not licences.

Indophilos has our thanks; but we regret that we cannot make use of his communications. The bearing of the Warrant has not escaped our attention, and shall be noticed.

TREATMENT OF TINEA DECALVANS.

To the Editor of THE LANCET.

SIR,—Will any of your readers kindly suggest a remedy for an obstinate case of tinea decalvans? I have tried without success many remedies; amongst them, carbolic acid, creasote, ung. hydrarg. nitr. oxid., pigment. iodi, acetic acid, blisters, &c.

I am, Sir, yours, &c.,
London, Sept. 25th, 1871. T. M.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—After trespassing so much upon your space so recently on a point of surgical practice, I am sorry to be obliged to trouble you at some length on a question of medical ethics; but as the matter is of some importance, not only to myself, but to the profession in general, I shall feel greatly obliged if you will give it your consideration. I leave it to your own judgment whether to publish the correspondence or not; but if you do so, will you kindly give your own opinion on the points at issue; or if you prefer not publishing the correspondence, will you be so good as to give it the benefit of an epitome in an article at your earliest convenience. The position in which medical practitioners attending claimants on the Company are placed is a peculiar one, and their relation with the medical referees should be placed on a definite basis. I have with this view elicited Mr. Vian's opinion of the case, which coincides with my own; but the medical gentleman with whom I am at issue ignores all responsibility in the matter, and has not replied to my letter of the 18th inst. Yours faithfully,

Cerne Abbas, Sept. 22nd, 1871. JOHN EWENS.

July 4th, 1871.

DEAR SIR,—On calling on Mr. M—— this morning, I was somewhat surprised to find that you had visited him last evening without informing me of your intention to do so. Moreover, you suggested that the best thing to be done was to keep "cold water" constantly applied, when you must have seen that he was pursuing treatment under my direction. I presume that you will say that, as medical officer to the Railway Passengers' Assurance Company, you visited him by their agent's directions; but this had nothing to do with the treatment. Besides, I have long understood that, under such circumstances, it is in accordance with professional etiquette that you should have written to me, and asked me to meet you, or at all events to sanction your visit.....It is quite important that this question should be settled, and therefore I certainly shall write to Mr. Vian on the subject, and it is only fair to add that I shall tell him the purport of your reply; and should his explanation not be satisfactory, I shall probably deem it my duty to publish the whole of the correspondence in THE LANCET.

I remain yours faithfully,

W. MacEnery, Esq. JOHN EWENS.

Cerne Abbas, July 6th, 1871.

DEAR SIR,—When I visited Mr. M—— I had no idea that he was your patient. He did not mention your name, or lead me to suppose that he was under your care, or I would not have given an opinion on the case, nor suggested any line of treatment. But I cannot agree with you that, as medical referee to the Railway Passengers' Assurance Company, I am bound by any rule of professional etiquette to apprise you of my visit. The report to the Company is supposed to be entirely confidential, and unbiased by any previous consultation with any medical attendant..... You may make any use you like of this letter. As my time is fully occupied with my practice, I have no leisure to enter into any paper war with you, and must decline any future correspondence on this subject.

In haste, yours faithfully,

J. Ewens, Esq. WILLIAM MACENERY.

July 7th, 1871.

DEAR SIR,—May I ask the favour of your informing me whether it is in accordance with the views of the Directors of the Railway Passengers' Assurance Company that their medical referees should visit the patients of other medical men in order to furnish a "confidential" report, without first acquainting the doctor in attendance of his being commissioned to do so, and giving him the option of being present if he wishes? My reason is as follows:—Mr. MacEnery, of this place, visited my patient, Mr. M——, now suffering from an injury of the knee, without writing to me. He suggested, although the knee bore marks of recent blistering, the constant application of cold water. I wrote to Mr. MacEnery on the subject, and in so far as concerns myself *personally* his reply is satisfactory, in that he states that he did not know Mr. M. was my patient; but certainly he might have, on reflection, considered that he was attended by some medical man in order to enable him to make a claim on the Company. So far the question might have rested; but Mr. MacEnery says further: "I cannot agree with you that, as medical referee to the Railway Passengers' Assurance Company, I am bound by any rule of professional etiquette to apprise you of my visit. The report to the Company is supposed to be entirely confidential, and unbiased by any previous consultation with any medical attendant." Now, will you kindly tell me whether such a course of proceeding is sanctioned by you? It is a matter of great importance, and it is quite necessary that medical men not connected with the Company should understand in what relation they stand towards your medical referees. Fancy a man suffering from a fractured thigh! Is the referee to come in, and, in the absence of the patient's medical adviser, remove the splints, bandages, &c., and further manipulate, in order to ascertain whether there is a fracture? Now, the rule which applies to one case must apply to all, and I cannot but believe that the opinion of the profession generally will support my view, that such conduct is unprofessional, and likely to prove injurious to the patient, besides, in many ways, giving unfair advantages to medical referees inclined to act unhandsomely towards their brethren. I think it only fair to add that I shall deem it my duty to publish this letter with your reply in the pages of THE LANCET. Mr. MacEnery declines further correspondence; so far the matter rests with him. I am, Sir, yours faithfully,

W. J. Vian, Esq. JOHN EWENS.

Railway Passengers' Assurance Office, July 8th, 1871.

DEAR SIR,—In reply to your inquiry, it is not the Directors' wish that their medical referees should visit the patients of other surgeons without previously advising them of their intention to do so. Such deplorable jealousy appears to exist amongst medical men as to their professional brethren's desire to take away their patients that I always recommend our friends to give notice of their visits when possible. Whether the etiquette of the profession requires such notice, I must leave to its members to determine. I should certainly suppose that nothing but the strongest suspicion of fraud would justify a surgeon in opening the bandages of a fractured limb put up by another. I must remind you, however, that it is frequently impossible for our referees to give notice to the surgeon in attendance, for the very sufficient reason that they do not know his name, as in this very instance. When a claimant says who attends him, I give the name to our referee; but in very many cases they do not even say if they have had medical advice at all, and the object of a medical report would be altogether defeated were I to wait to ascertain the fact. I am, dear Sir, yours truly,

J. Ewens, Esq. W. J. VIAN.

July 10th, 1871.

DEAR SIR,—I beg to thank you for your kind and courteous letter received yesterday. Your reply is perfectly satisfactory, and I hope that in future your referees will act upon the principles so clearly enunciated by you. Much unpleasantness will be then saved. It would not, I think, be very difficult to make insurers understand that in every case of application for weekly allowance they must furnish the name and address of their medical attendant, which would meet such difficulties as you laboured under in my case. Then, and not till then, you may hope to secure the cordial co-operation of every member of our profession, who would, I believe, to a man, resent officious, even if official, interference with their patients.

I remain, dear Sir, yours faithfully,

W. J. Vian, Esq. JOHN EWENS.

P.S.—I beg to add that Mr. MacEnery and myself are the only medical men actually practising in the small town of Cerne.

July 10th, 1871.

DEAR SIR,—Like yourself, I am too much engaged in the active duties of my profession, and not sufficiently fond of controversy, to wish to enter on a "paper war" on the question between us; but there is "a time for everything," and one of the duties of our common profession is to take care that due etiquette is observed. I thank you for your letter, which is so far satisfactory in that you state that you had "no idea Mr. M—— was my patient"; but surely a slight amount of consideration might have convinced you that he would not have applied to the Railway Passengers' Assurance Company without having placed himself under some medical practitioner's care. I do not wish for a reply to this letter unless you feel disposed, and here the matter might have dropped had you not observed in your letter, "I cannot agree with you.....,with any medical attendant." Under these circumstances I thought it best to ask Mr. Vian whether your views coincided with those of the Directors, and the following is an extract from his reply:—"It is not the wish of the Directors that their medical referees should visit the patients of other surgeons without previously advising them of their intention to do so." This meets the question between us. Mr. Vian adds that he is often unable to furnish the name of the practitioner in attendance, because the patient has not given it himself. Such appears to have been the case here, and therefore so far the question may now rest, as I feel sure that you will in any similar case be made acquainted with the fact that I am in attendance, and will see it to be in accordance with both professional etiquette and the wish of the Company to give me due notice of your intended visit. I remain, dear Sir, yours faithfully,

W. MacEnery, Esq. JOHN EWENS.

Sept. 15th, 1871.

DEAR SIR,—I am sorry again to complain of the unprofessional conduct of your referee, Mr. MacEnery; but my duty to the profession of which I am a member demands that I should take due notice of his behaviour. From the general tone of your letter of July 8th, especially that part of it which says, "Where a claimant says who attends him, I give the name to our referee," and knowing also that Mr. T—— told you that I was his medical attendant, I cannot but conclude that Mr. MacEnery was also informed of the fact. He ought, in accordance with the rules of medical etiquette, to have given me due notice of his intended visit. Independently of the information he may have derived from you, he knows full well that I attend all Mr. T——'s family; and as this is not the first time he has offended against the rules of professional courtesy, I deem it my duty to publish a report of the affair in THE LANCET, and shall be indeed glad to be able to add that, as Secretary to the Railway Passengers' Assurance Company, you in no wise countenance such unprofessional conduct on the part of your referees, and will as far as possible discourage it.

Apologising for troubling you on a matter of such paramount importance to the profession, and awaiting your reply,

I am, dear Sir, yours faithfully,

W. J. Vian, Esq. JOHN EWENS.

Railway Passengers' Assurance Office, Sept. 16th, 1871.

DEAR SIR,—I am sorry that you should have any cause for complaint against Mr. MacEnery; but as I mentioned, in referring Mr. T——'s case to him, the fact that you were his medical attendant, the blame, if there be any, attaches to him rather than to me. You are quite correct in quoting my opinion that, as an act of courtesy, medical referees should in all cases, where they are acquainted with the name of the gentleman in attendance on a claimant, give notice of their intended visit. I can only express my regret if this has not been done in the present instance.

Yours, dear Sir, very truly,

J. Ewens, Esq. W. J. VIAN.

Cerne Abbas, Sept. 18th, 1871.

DEAR SIR,—I beg to thank you for your most satisfactory letter of the 16th inst. I have forwarded a copy of it to Mr. MacEnery; and unless he makes a fair acknowledgment of his error, and expresses regret, I certainly shall send the whole correspondence to THE LANCET.

I remain, dear Sir, yours faithfully,

W. J. Vian, Esq. JOHN EWENS.

Sept. 18th, 1871.

DEAR SIR,—I am sorry again to have to complain of your conduct, as medical referee to the Railway Passengers' Assurance Company, in visiting my patient, Mr. T——, without my knowledge. I was in hopes that, after our correspondence *re* M——, you would not again so completely ignore the first principles of medical ethics; but as in your letter you completely repudiated any obligation on the subject, and your conduct in the case of Mr. T—— proves that you set my opinion and the respect due to a brother practitioner utterly at defiance, I consider it my duty to forward the whole of our correspondence to the Editor of THE LANCET, and request his opinion on the question. I shall be happy to send at the same time any further explanation you may wish to offer. I enclose a copy of a letter I wrote to Mr. Vian, and his reply, which entirely corroborates the opinion I entertain.

I remain yours truly,

W. MacEnery, Esq. JOHN EWENS.

THE KILKENNY MILITIA.

We have had an opportunity of perusing a printed copy of the correspondence that has taken place between Assistant-Surgeon Magee, of the Kilkenny Militia, and various authorities relative to the appointment of a surgeon to that corps. It appears that Mr. Magee, having heard of his surgeon's intention of resigning, very naturally applied to be appointed in his stead whenever the vacancy occurred. He grounded his claims upon the fact that he had been almost continuously for nearly fourteen years in medical charge of the staff of the regiment, and, in fact, owing to the almost continued absence of the surgeon, he had to perform nearly the whole of the medical duties, which he did with satisfaction to all concerned. Promotions and appointments in the Irish Militia are not made by the Secretary of State for War, but by his Excellency the Lord Lieutenant of Ireland, on the recommendation of Her Majesty's Lord Lieutenant of the County. Assistant-Surgeon Magee applied to the Lord Lieutenant of the County in the first place, and was told that no intimation had been received as to the probable vacancy of the post of surgeon to his regiment; but that the officer commanding, being most interested in the matter, would be consulted prior to any such appointment being made, and that Mr. Magee's wishes would be acceded to provided his colonel recommended. So far, nothing could be more reasonable; and to the colonel of the regiment Mr. Magee accordingly applied, who said, in reply, that he was not aware of the existence of a vacancy, and that he declined to interfere in the matter—that is, recommend his subordinate officer to the Lord Lieutenant of the County. Mr. Magee then officially addressed the Secretary of State for War through his commanding officer, but was informed by the Inspector-General of Militia that it did not come within Mr. Cardwell's province. Another gentleman was meanwhile appointed to the post of surgeon, and Mr. Magee was informed that, while acting as medical officer to the Kilkenny Militia Regiment during the absence of the late surgeon, he was entitled to the rate of pay of his rank only. Mr. Magee is, we believe, a married man with a family, and the case seems to us a hard one. No explanation, however, of the colonel's course in declining to recommend Mr. Magee is given, and the case is, therefore, incomplete. If the assistant-surgeon performed his duties with satisfaction, he had, we should say, the first claim to the appointment.

Mr. Thomas Hollyer.—We are unable to undertake the analysis suggested by our correspondent. He should apply to some well-known chemist on the subject.

Dr. E. O'Sullivan, (Dinapore.)—We have been compelled to delay its insertion; but the communication is under consideration.

ON THE LOCAL APPLICATION OF SULPHURIC ACID IN THE TREATMENT OF CARIOUS AND NECROSED BONE AS A MEANS OF HASTENING EXFOLIATION.

To the Editor of THE LANCET.

SIR,—I have lately used the above treatment in the Chesterfield Hospital, as recommended by Mr. Pollock, in two cases with success. One of the patients was a railway guard, whose leg was amputated below the knee. I need not enter into details; but after the operation there was slight sloughing of the stump, and some exposure of the tibia, to about the size of a florin, took place. I applied a lotion of equal parts of sulphuric acid and water, and in a few days a very gentle pull with the forceps brought the piece away, and the man is now recovering rapidly, with a good stump. The other was a waggoner, who was admitted with a very severe compound comminuted fracture of the tibia and fibula, and much contusion of the soft parts. Notwithstanding every care, exposure of the tibia took place in this case also, and I used the sulphuric-acid lotion for three weeks, when the bone came away in a similar manner.

Conservative surgery has been again triumphant, thanks to the carbolic-acid treatment in the first instance, and a good constitution; while latterly the sulphuric acid has done good service. There is nothing novel in this application of a strong mineral acid to dead or dying bone; but perhaps its useful effects are not sufficiently known or appreciated, and this is my reason for sending this note. I believe the application of the acid in the above cases, and the slight operative interference by the forceps, saved the surgeon and patients many weeks, and perhaps months, of weary waiting for the exfoliation to take place. Mr. Pollock, in a paper of great practical interest and value, says (THE LANCET, 1870, vol i., p. 762): "The antiseptic qualities of sulphuric acid are no small recommendation to its use. The foul and offensive discharges so constantly accompanying diseased bone become at once altered in character by it, and in a short time all disagreeable smell usually ceases."

I am, Sir, yours faithfully,
Chesterfield, Sept. 23rd, 1871. JOHN ROSS, M.D., R.N., &c.

Verax.—It is not our custom to give advice on such questions. It would be invidious for us to nominate anyone. Our correspondent had better take the opinion of his usual medical attendant on the matter.

DISINFECTION.

To the Editor of THE LANCET.

SIR,—In your article last week on "Disinfection," we observe you remark that carbolic acid, being notoriously poisonous, is consequently no fitter for general and popular use than corrosive sublimate.

Permit us to point out that carbolic acid, having a distinctive odour, is a very much less dangerous product for general use than corrosive sublimate; that it produces *effective* results at exceedingly small expense (as the experiments at Paris Morgue, recorded in *Comptes Rendus de l'Académie des Sciences* for March 9th, 1871, fully prove), and its solutions are in no way injurious to metals, wood, carpets, or clothes, as are those of sulphurous acid. These facts, rather than any fashion, have, in our opinion, led to its being so largely used and so much relied on.

We are, Sir, yours respectfully,
Manchester, Sept. 25th, 1871. F. CRACE CALVERT AND CO.

MR. HORACE GREELEY ON THE WOMAN QUESTION.

An American journal (*Woodhull and Claflin's Weekly*), which goes in strongly for "freedom and untrammelled lives," and discusses the rights of women and other matters in a very out-spoken manner, recently inserted several communications on the Woman question, and among them one of an amusing character from Mr. Horace Greeley, originally addressed to the editor of the *Golden Age*. Mr. Greeley leaves no room for doubt as to what is his verdict thereon. Among other things he declares:—

"I have but two left of seven children, and these are both daughters. I would gladly fit them for lives of usefulness and honour, as beloved and loving wives of virtuous, upright, noble men, and mothers, if it shall please God, of good, healthy, happy children. If it be decreed that they are to be, not such women as those I have most admired and reverenced, but men with a female physique—powerful in ward caucuses and nominating conventions, vehement in Senate and on the stump, and effective before juries in the trial of actions for *crim. con.*,—I pray that my career on this globe shall close before theirs is fairly begun. When and where they shall thus shine, it will not be pleasant for me to stay."

Mr. Horace Greeley concludes the epistle—"In a spirit of hearty hatred for Free Love and all such infernal delusions, I remain, &c."

Mr. W. Jones.—The 40th clause of the Medical Act forbids the use of the title by an unregistered person under a penalty.

A CASE OF ACCIDENTAL POISONING BY SEVEN MINIMS AND A HALF OF TINCTURE OF CANNABIS INDICA; RECOVERY.

To the Editor of THE LANCET.

SIR,—The interest evinced just now in the unfortunate case of accidental poisoning under the care of Dr. Meeres (with whom I most heartily sympathise) has induced me to place before the profession the following case, which occurred in my practice. It illustrates the impossible-to-be-foreseen action of a small dose, and one possibly smaller than administered by the majority of those who prescribe this drug.

In April, 1870, I was called to see Mrs. H——, a healthy lady, three months pregnant, aged thirty, the mother of three children. I found her to be suffering from cough, so continuous and distressing that she passed her urine involuntarily at each paroxysm. She was weak and nervous from painful family affairs. I ordered her a squill mixture; but finding on my next visit she had derived no benefit, I gave her a tonic containing quinine, and also this mixture:—Tincture of cannabis indica, forty-five minims; compound spirit of ammonia, two drachms; ammoniacal mixture, three ounces; water to six ounces: one ounce to be taken every four hours. After taking one dose she became drowsy, her vision dimmed, was sick, great thirst with dryness of fauces, and slept heavily. Continuing in this stupor I was sent for, and saw her about four hours after she had taken the medicine. She was in bed; pupils fully dilated; eyes suffused; tongue dry; pulse small and quick; very drowsy, and difficult to awaken. I gave her some brandy, and on arousing her I soon found she had broken out in a profuse sweat. The symptoms continued more or less the whole day; but by the next morning all had disappeared save some dryness of the mouth and feverishness. Her cough was, however, materially improved, and continued so. She was confined last October of a healthy boy.

The prescription was prepared by a well-known London chemist. On inquiring at the establishment next day, I was informed by the manager (who himself remembered to have dispensed the prescription) that the actual strength of the tincture varies considerably; some specimens appearing to yield but a small quantity of the active material, while others, apparently of the same quality, are particularly potent. Taking into consideration the smallness of the dose, even if this was a particularly potent specimen, it seems to be insufficient to explain such *severe* symptoms. I can only conceive such a result to be owing to some idiosyncratic effect of this lady, quite impossible to foresee or to take into account in order to guard against.

I am, Sir, your obedient servant,
J. ROCHE LYNCH, L.R.C.P. Lond.
Chepstow-villas, W., September, 1871.

PRACTICE ABROAD.

THE gentleman who asked for information on this subject in a late number of THE LANCET is requested to communicate with Medicus, Belmont, Monkstown-road, Monkstown, county Dublin.

Mr. W. H. Jenkins should apply to a respectable firm of chemists and druggists, who could, doubtless, procure him the article.

Workhouse.—We believe the fee is two guineas.

HAND-FEEDING *versus* WET-NURSING.

To the Editor of THE LANCET.

SIR,—I was really much surprised, as well as very sorry, to find the writer of the article on the "Treatment of Infantile Diarrhœa" could recommend through your columns the employment of a wet-nurse. Was it a *lapsus calami* or mere inadvertence? for I can scarcely think any writer for THE LANCET would, upon a second thought, advocate a practice which has been time after time condemned in the same pages. It is quite true that the diarrhœa so prevalent amongst young children is induced by improper food; but the milk of a strange woman is not the best substitute for the natural food, and the only "natural" food is the child's own mother's milk. When that cannot be obtained, it is quite possible to rear an infant successfully upon bottle food.

You will, I hope, pardon me for this little remonstrance, as I take such a great interest in the subject, and I am sure you will allow me to state my views, if even they differ from your own on this question, which, however, was not the case when I first wrote to THE LANCET on the subject a few years ago.

I am, Sir, yours obediently,
September, 1871. M. A. B.

*** Our correspondent has evidently read the article referred to with but scant attention. Our recommendation of wet-nursing was limited to cases of a very exceptional kind, where death is imminent, and in no way lays us open to the charge of inconsistency in respect of our former deprecation of the practice in general.—ED. L.

A Constant Reader and Public Vaccinator.—No public vaccinator can charge for the vaccination of persons who do not reside within the district which has been assigned to him. If the charge for vaccinating non-resident persons has been allowed by the clerk and auditor, there is an end of the matter, and the guardians cannot make him refund the fees. But from the year 1867 it became illegal to charge for the vaccination of persons not residing in the vaccinator's district, and all such charges ought to have been disallowed. It may be as well to observe that the policy of the law is extremely doubtful, as it puts many persons to unnecessary inconvenience, by compelling them to go to the particular station of the district, when there is often a station much nearer belonging to another district.

Mr. A. O. Haslewood (Sheffield.)—If our correspondent will forward his abstract of the case, it shall receive our consideration. Thanks for the enclosures.

An Inquirer.—It must be a recognised medical and surgical qualification to make the holder eligible. Our correspondent should apply officially to the Poor-law Board.

Messrs. Fraser's letter arrived too late for notice this week.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—It is painful and humiliating to have to record another instance of breach of faith on the part of Government towards the members of this hard-worked and comparatively shamelessly ill-paid service. The rank guaranteed us by the Secretary of State has been made of no account by the new Warrant of Precedence recently published, and which, for instance, makes any junior or even nondescript, if collector of a district, senior to the civil surgeon of the district, and senior even to the Sanitary Commissioner and Inspector-General of Gaols of the Province, although these get rank above surgeons-major, and to which they have generally no right. The younger members of the service who entered under Sir C. Wood's Warrant cannot say that sufficient warning was not given them by you against putting much faith in the guarantees of Government; but perhaps many, like ourselves, only half believed these warnings, and thought that, if at worst they were found true, to resign the service was an easy matter; but a very short sojourn in India soon proved the impracticability of this alternative to all except the very few who had large private resources, who could pay off debts, and could afford to lose some years of their professional life. Your pages bear witness to how the apparent increased rates of pay set forth in that Warrant quickly vanished under the hands of the Accountant department; but rank costs nothing, and we relied on the guarantee, or that point at any rate being truly stood by.

The new Precedence Warrant bears its origin on its face. It is a purely civil service job—a boy civilian of some thirty summers, a Commissioner, gets rank above a Brigadier-General, who might be his father,—and to us it is a subject of the greatest wonder that in these days of Women's Rights and University Test Bills such a one-sided measure should have met the approval of the Duke of Argyll, and gained the sanction of a Liberal Government. We can account for it only on the supposition that the author of "The Reign of Law" has been trapped into this measure by the blarney of his Excellency the Governor-General, and we would fain hope that the Duke has only to find out how unfair this Warrant is to the bulk of Indian officers to cancel it.

The members of the medical service in civil employ (and these form nearly one-half of the whole service) have especial cause to complain, since, while other military officers in civil employ are under the Civil Service Rules, and draw double, treble, and even quadruple the pay of their rank, and now get the benefit of this new Warrant, the civil medical officers are actually paid 80 r. a month less than the pay of their rank, and are now passed over by their juniors. It is only simple justice that these officers should be placed on an equal footing as regards pay and rank with the civilian, with whom they come into daily contact, and to whom they are in no way inferior in birth, education, or ability; and simple justice is all they ask for.

Yours truly,

India, July 30th, 1871. FIAT JUSTITIA RUAT CŒLUM.

A Surgeon should apply for the solution he wants to Messrs. John Bell and Co., Oxford-street. If our correspondent will consult his back numbers of THE LANCET, he will find the formula he wants.

Mr. R. McDowell, (Poplar)—We quite disapprove of the bill enclosed, but we do not see how it is to be connected with the medical profession.

Novus Homo may consult Prof. Parkes's book on Hygiene.

Mr. A. E. Macrae, (Fettercairn, N.B.).—Reynolds's System of Medicine will include another volume (yet unpublished). Dr. Neftel's manual on Electro-Magnetic Therapeutics may be recommended to the general practitioner.

ON A NEW METHOD OF PERFORMING ACUPRESSURE.

To the Editor of THE LANCET.

SIR,—Since you favoured me by publishing a short paper on "Acupressure" in THE LANCET of September 2nd, several letters have been addressed to me in reference to the method described, to which, with your permission, I will briefly reply.

It has been objected that the loop in the pin might injure the tissues during its withdrawal; but if the pin be removed twenty-four hours after the operation, no adhesion will have taken place to oppose its course, and it is evident that the loop (which with a narrow pin may be made very small) will offer no more resistance than the twisted wire, which encircles both the vessel and pin in circumclusion. As, however, it is an advantage to have the loop as small as possible, it may be replaced by a small ring soldered to the pin, the only objection to which is that it slightly increases the expense of manufacture. Another modification has been suggested to me by three different persons—viz., that, instead of a loop or ring, the pin might be flattened and perforated for the passage of the compressing wire at the point where in my original model the loop arises. In this case the pin will be scarcely at all increased in bulk, and, provided that the compressing wire slips easily through the eye, it is an improvement.

Hungerford, Sept. 25th, 1871. B. CLEMENT LUCAS, F.R.C.S.

Dr. W. W. Young (Aldershot) asks advice on the following case:—An old man dies suddenly without medical care. Dr. Y. complies with a coroner's order to make an autopsy and to attend at the inquest. There being no public mortuary in the town, the body was laid in an empty room on a mattress, which was much stained with blood during the operation. The landlady applies to the coroner for compensation, who replies that Dr. Y. is responsible, and requests him to make good the damage. The landlady was not at home during the post-mortem, and the only attendant was a lodger, who declined to enter the room, though warned that the mattress might be spoiled. Is Dr. Y. liable?

Mr. J. J. Eames Brown.—We should say do the best you can. Patience and care will generally smooth away all difficulties and ensure success.

TEST FOR UNWHOLESOME WATER.

To the Editor of THE LANCET.

SIR,—With your leave I will mention a fact which is calculated to increase your confidence in permanganate as a sanitary water test, and which you or anyone can easily verify. Water contaminated with putrescible organic matter, after standing in contact with Condy's Fluid, is incapable of undergoing putrescence when treated in the manner recommended by Professor Attfield for the olfactory water test—namely, by digestion in a warm place. This proves that permanganate has the power of decomposing, in the cold, the putrescible organic matter which may be present in water; as in doing so it loses its colour, permanganate must be a visual test for that kind of organic matter which probably is the most dangerous to health. It will leave comparatively untouched such stable forms of organic matter as starch, gum, sugar, fat, soap, &c., which are not dangerous.

I am, Sir, yours obediently,

Billiter-street, E.C., September, 1871. H. B. CONDY.

Surgeon Stewart, (Thayetmyo.)—We think it better that the communication should appear in the Blue-book; and if our correspondent will pardon us for proffering advice, we would suggest that the physical signs of diseased liver present in the cases should be clearly stated. In the event of a patient recovering from a supposed abscess of the liver, on what was the diagnosis founded, and what became of the pus?

Dr. D. W. Williams.—The most appropriate place for the paragraph sent is in our advertising columns.

Semper, (Birmingham.)—Apply to Messrs. Churchill, medical publishers, New Burlington-street.

WILL *Mr. Alfred Wright* be kind enough to restate the particulars precisely.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—In Mr. Saville's explanation of the case sent to you by me, and appearing in your impression of the 16th instant, he states "the parents even asked him the same day if he would meet me, and he declined." As I stated in my former letter, I did not even know that they wished for further advice until I received their note, and the only thing he can construe into my being asked to meet him was, that when I called upon them about it they said, "Mr. Saville was coming early next day, and if I liked to go down I could see him there." I can truthfully say I have never said I would not meet Mr. Saville.

Yours faithfully,

Rotherham, Sept. 27th, 1871. WM. JNO. SMITH, L.S.A. Lond.

ERRATUM.—In the letter from our Birmingham correspondent, published in our last issue, there is an omission of two words in the last paragraph. Mr. Hayward should have been described as the newly appointed medical officer of health *for Oldbury*.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Maunder; Mr. Partridge; Mr. Bowman; Mr. J. Davidson; Mr. Hollyer; Mr. Moore; Dr. Russell, Birmingham; Mr. Freeman; Mr. M'Kay; Mr. Calantarients, Scarborough; Mr. J. Brown, Shepton Mallett; Mr. Charlton, Newbury; Mr. Watkins, Bath; Mr. Madin, Sheffield; Mr. Davies; Mr. Farquharson; Dr. Logg, Hammersmith; Mr. Weald; Mr. Mitchell; Dr. Rose, Chesterfield; Mr. Waddy; Mr. Cape, Hong-Kong; Mr. Eddison; Mr. Moncrieff; Mr. Howe; Mr. O'Sullivan, Dinapore; Miss Wolstenholme, Congleton; Mr. Walton; Mr. Rivington; Mr. Holl; Dr. Lambie, Lowick; Mr. Gorst; Dr. Tillot, Ramsey; Mr. Knight; Mr. Kesteven; Mr. Powle; Mr. Taylor; Mr. Black, Londonderry; Mr. Morgan; Mr. Adams, Truro; Mr. Garrett, Wigton; Mr. Wright; Dr. Thompson, Workington; Dr. Stamper, Pembroke; Mr. Allen; Dr. Wyer; Dr. Lynch; Mr. Lucas; Mr. Brown, Shop; Sir A. Grant, Edinburgh; Mr. Laurence, Southampton; Mr. Harrison; Mr. De'Ath; Dr. Goldsmith; Mr. J. Field; Mr. James; Dr. Affleck, Manchester; Mr. W. W. Smith; Mr. Saunders; Mr. Jackson; Mr. Stevenson, Burton; Dr. Dixon, Cardiff; Mr. Benson; Dr. Remy, Lisbon; Mr. Jabb; Mr. Rennison; Mr. Goole, Canterbury; Mr. White; Mr. De Lisle, Ostend; Dr. Whittington; Mr. Graham; Mr. Chambers; Dr. Cheadle; Mr. Todd; Mr. G. J. Jones; Mr. Marshall; Mr. Elsworth; Mr. Towell; Mr. Cullen; Mr. Rennals; Mr. Iles; Mr. Elliott; Mr. Ansell; Dr. Playfair; Dr. Field; Dr. Whitmarsh; Mr. R. Adams, Oldham; Dr. Cariess; Mr. Haslewood; Mr. De Gex; Mr. Pooley; Mr. Eden, Burslem; Dr. Dudley; Mr. Hoarder; Mr. Burman; Mr. Schofield; Mr. Bryan; Mr. Forman; Mr. R. Hackfield, Elton; Dr. Allshorn; Messrs. Fraser and Co.; Mr. Scott, Loughborough; Mr. Veitch; Mr. Dillon, Douglas; Mr. Lamond; Mr. Hedley; Dr. Little; Mr. R. Johnson; The Registrar of Queen's College, Belfast; Enquirer; The Editor of the *Star of India*, Bombay; VERAX; Scrutator; &c. &c.

Newtown Express, Sheffield Daily Telegraph, Woodhall and Claflin's Weekly, Journal of the Gynæcological Society of Boston, U.S., Brighton Guardian, Leamington Spa Courier, Anti-Vaccinator, and *Harrogate Herald* have been received.